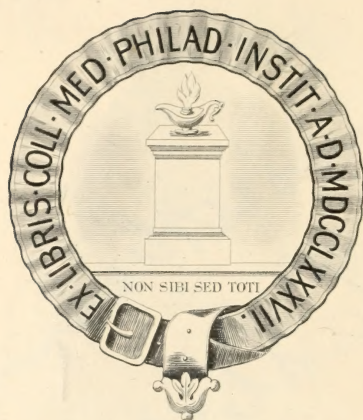




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SOME COMPLICATIONS AND SEQUELAE OF TYPHOID FEVER.*

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In thinking back over the typhoid cases which occurred during my service in the hospital, a fact that struck me forcibly was the rarity of the graver complications. Not a single case of recognized perforation occurred in the hospital in a series of some two hundred odd cases, and the only cases I saw were brought in in that condition. A moderate number of hemorrhages; a few pneumonias; one or two cases of typhoid spine; one or two cases of persistent dementia; numerous cases of phlebitis and abscess, and the story is about told.

I have said that no case of recognized perforation occurred in a series of two hundred odd. This leads me directly to the first case which I have to report, one in which a mistaken diagnosis resulted most disastrously for the patient. This patient was a robust Swedish woman about 25 years old, who had reached the end of her second week in good condition, although pretty sick and running a temperature between 103 and 105 degrees, with moderate abdominal

distension. On the evening of the 13th day she was suddenly taken with a chill and with severe, sharp, abdominal pain, accompanied by tenderness, localized to the right of the umbilicus; there was slight rigidity only. There was no marked change in the temperature with or after the chill, but the pulse became weak and irregular and the expression changed from apathy to anxiety. The woman was kept under close observation during the night, remaining quiet without further developments. In the morning she vomited a small amount of greenish fluid; the pulse was then 116, regular and of good force; the pain persisted, somewhat higher up, and although it was less severe the medical staff in consultation with the attending surgeon decided upon a diagnosis of perforation. A median laparotomy was rapidly performed under ether, but nothing was found except what was to be expected in that stage of typhoid.

Under hypodermic stimulation with tincture of digitalis the woman rallied well from the shock of operation. But

* Read before the Southern California Medical Society at the Redlands Meeting, Dec. 2, 1903.

about three days later lobar pneumonia developed. It ran a moderate course. The woman returned to the medical ward and struggled on through her typhoid. But she brought with her a number of nasty abscess-sinuses in the thighs at the site of the digitalis injections. Her temperature did not come to normal; it took on a septic course. Fluid appeared in the chest which had been the seat of the pneumonia; this was drawn off repeatedly with strictest asepsis; but it constantly recurred and became more and more purulent. In spite of constant care an extensive bedsore developed over the sacrum. A hernia appeared at the site of the laparotomy wound. The woman long refused operation for the empyema; when finally she was persuaded to accept it it was too late. Four months after admission, emaciated and worn out by sepsis, the woman died.

I have reported this unfortunate case for the purpose of emphasizing the difficulty in making a sure diagnosis of perforation and the danger attending a false diagnosis. You will say that some of the characteristic features of perforation were absent, and that is true. There was no marked drop in the temperature, and no extreme collapse. Yet how often we must make a diagnosis in the absence of some of the classical symptoms, being guided by the general picture which the patient presents. The consulting surgeon in this case was one of the ablest and most conservative men of the middle generation in New York, and the operation was decided upon only after deliberate watching. One very important thing was omitted. I believe no leucocyte-count was made. The presence of a marked leucocytosis is very strong corroborative evidence of perforation, provided, of course, that other causes for the leucocytosis have been ruled out. But one of the problems in this case is

whether the severe abdominal pain was caused by diaphragmatic pleurisy marking the onset of the pneumonia, or whether the pneumonia was caused by the operation under ether. If, as probable, the pain was due to pneumonia, of course the leucocytosis would not have helped in the diagnosis; but if the count had been made and the leucocytes found to be low, the operation would probably never have been done. In reporting this case before a New York society, the attending surgeon has emphasized the absence of marked rigidity as being one of the points which should have prevented operation; he now considers the presence of rigidity as of greater importance than the pain or tenderness!

The lesson which this case points is not a new one; it is the old, old lesson, which nevertheless we have to keep on learning by bitter experience—that is, not to submit our patients to dangerous operations for a possible condition until we have done our utmost to exclude all other conditions in which operation will do harm rather than good.

(1. Blake: *Abdominal Rigidity*, *N. Y. Med. Jour.*, Jan. 3, 1903.)

A second case is of more than usual interest from the side of complications. The patient was a very stout woman who walked into the hospital in a somewhat stuporous condition; she thought she had been ill about four weeks, having begun with a chill and having had persistent diarrhoea. Her temperature was 103 degrees, pulse 108, respiration 40. Only rales were heard over the lungs; the heart examination showed a systolic murmur at the pulmonary area. No enlargement of the spleen could be made out. There was an ecchymotic patch over the left knee. The urine showed a heavy trace of albumin, with red cells; its gravity was 1012. The leucocyte-count was 4200.

During the following two days the

woman went along with temperature between 102 and 106 degrees, the pulse between 108 and 120; the respirations were shallow, varying between 24 and 48. No signs of pneumonia were found. Stupor and delirium alternated much of the time. The ecchymoses increased. There was twitching of the facial muscles; the pupils became unequal. The stools were characteristic of typhoid, and there was tympanites, but a certain diagnosis was not made until autopsy. On the fourth day the woman passed into coma, and on the fifth day she died. A few hours before death a peculiar puffiness was noted about the neck and upper part of the body; the woman was very stout and this condition was not recognized as emphysema, nor was it accounted for until the autopsy, which resulted as follows: Subcutaneous emphysema of face, neck, chest and arms; heart full of gas, muscle fatty; lungs, congestion and odema, with areas of hemorrhage; spleen large and black, with several gas-cysts the size of a pea; liver swollen and studded with gas-cysts; kidneys, hemorrhages in cortex and medulla; intestines rotten, wall full of gas. Peyer's patches swollen and ulcerated, glands enlarged. The gas bacillus was isolated from the tissues.

In a hurried survey of the literature I have failed to find any case similar to this. Of course instances are common enough where early autopsy shows extensive gas infiltration, due to the growth of the gas bacillus; but I have seen no typhoid case recorded where there was evidence of the infection before death. On the other hand there are numerous records of ante-mortem gas-bacillus infection from wounds, and some from post-partum infection; but I have seen none where the infection apparently gained entrance through the intestinal ulcerations before death.

Those of us who have handled much typhoid know what a sinking of heart

comes to the physician when his patient begins to bleed. Often the patient is young and strong, with apparently an abundant reserve strength to carry him through his illness; but the blood begins to come, and it seems such a needless tragedy. You work over him, you fight for him, you do your utmost; but in spite of it all, the hemorrhage goes on and you lose the fight. I report the following case to emphasize chiefly its management, which I think was admirable. The patient, a powerful young Englishman, about 28 years old, was at the end of his third week, pretty badly poisoned and running a temperature that required baths, yet holding his own pretty well. On the 20th day he began to bleed, first about four ounces, then about five ounces, then about twelve ounces, all in this one day. The baths were stopped at once, the patient kept perfectly quiet and rapidly put under the influence of morphine (by hypodermic, I think.) All milk was stopped and he was allowed nothing but small quantities of albumin water (I believe even this was withheld for a few hours, I do not remember), and the notes which I have do not state whether the ice water coil was applied to the abdomen or not. On the following day a single hemorrhage occurred, estimated at ten ounces. The treatment of the preceding day was continued, with the addition of one grain of suprarenal extract every three hours. There was no further bleeding. During the succeeding five days the patient was gradually brought back to milk diet and the medication omitted. His subsequent course was uneventful, recovery being prompt.

Now there is a case where the outlook was bad enough — poisoned and sick at the end of the third week, and nearly a quart of blood lost in about twenty-four hours. What was it that saved the man? I don't know; but the treatment in this case differed in two

respects from that used in the other cases that I had seen, and I had seen no other case so severe which yielded so promptly. The first point, and to my mind the most important, is the cutting off of the milk diet, substituting almost complete starvation. In hemorrhage the patient must be put at rest—rest for the whole body and rest for the intestine; and to minimize peristalsis it is essential to withhold food. The opium will do its part, but if the gut be empty the work of the drug will be vastly more efficient. We see this proved frequently in the rational treatment of any diarrhoea; empty the bowel completely and keep it empty for a few hours and you quickly control the diarrhoea; whereas if you allow the patient to go on eating, the excessive peristalsis and secretion and exudation and fermentation go on in spite of your drugs. So in hemorrhage, to obtain rest I believe it is of great importance to cut off even the milk for a reasonable time. The second point was the use of the suprarenal extract. I am uncertain how much importance to attach to this part of the treatment, but the fact remains that after it was instituted there was no further hemorrhage, while there had been a loss of ten ounces of blood just before; and I believe it should be used.

To summarize, then, I believe the best treatment for hemorrhage is (1) absolute rest; (2) almost complete starvation for a time; (3) putting the patient under control of morphine; (4) application of continuous cold to abdomen; (5) the administration of suprarenal extract or its equivalent.

Finally, I wish to speak of a sequel, the importance of which I believe is not fully appreciated by a great many practitioners. This is post-typhoid sepsis. Since first writing this portion of the paper I have read Dr. Delafield's article upon this subject in the *Medical*

Record of September 12th, and I have used that paper to some extent to reinforce my memory of the cases which I saw in Dr. Delafield's own hospital service. This subject has for me a personal element of sadness. Nine years ago I had typhoid while in college in a small New England town. Except for a phlebitis I got along all right in spite of very vigorous intestinal antisepsis, and in my fourth week I was getting mighty hungry. But my temperature took to jumping up in the afternoons and I began to have chills. Malaria was the diagnosis, and quinine I got; failing to respond to the drug by mouth, I got it in large quantities by hypodermic. So it went on for two weeks or more, until finally the sepsis wore itself out and my temperature was normal. Then, and only then, I got some solid food and was allowed to sit up. How different it was when I got into the hospital and saw Dr. Delafield manage these cases with his consummate skill and boldness! Had I been in his hands I should have gotten scraped beef instead of quinine, and if I had continued to drag on I should have been taken out of bed and put in a chair and my strength would not have failed as it did. It takes courage to do these things—to give a typhoid patient solid food when his temperature has never been normal and is reaching fairly high; to take a man out of bed and sit him in a chair when you have been watching him and have seen his strength surely failing day by day. But it is this courage that saves many lives, and brings many back to strength long before they could reach it by methods less bold. Courage, however, does not mean rashness. Such treatment as this calls for the greatest carefulness and judgment. The diagnosis must be made certain. It would be a grievous error to treat thus a patient having a relapse or recrudescence in the belief that the

condition is one of sepsis, and if we cannot be certain, perhaps it is better to err on the side of conservatism. How then are we to recognize the condition? The question of diagnosis is not very fully covered in the text books, and I would call attention to the following points:

(1) The character of the temperature. The septic rise may come after or before complete defervescence. It follows the septic type, with marked morning drop—often below normal—and afternoon rise. The chart shows a sharp zig zag. In the relapse or recrudescence on the other hand the temperature is more continuous with less morning remission. The relapse will often show the step-like rise characteristic of the original temperature. And so it is of the greatest importance in all typhoid cases to have both morning and afternoon temperatures recorded. The actual height of the afternoon temperature is of less importance. It may be high or low.

(2) Chills and sweating go more commonly with sepsis than with the other causes of temperature. It is of course quite possible to have malaria complicating typhoid and becoming more prominent as the typhoid recedes. But this is rare.

(3) The examination of the blood is of great assistance and should be made whenever practical. By this means we exclude or confirm malaria. The presence of a leucocytosis points to sepsis; but absence of leucocytosis does not exclude sepsis. Probably some of the sepsis cases are the result of typhoid bacilli in the general circulation, and not of other infecting organisms, and in these cases we should not expect leucocytosis.

(4) Ehrlich's diazo-reaction reappearing in the urine after having once disappeared points to a relapse or recrudescence, as against sepsis. I have seen

this frequently. In this connection I would say that the presence of the diazo-reaction is considered such an important symptom that the New York Board of Health makes this test for physicians just as it makes the Widal test. (See Billings, *N. Y. Med. Jour.*, April 8, 1903.)

(5) An appreciable increase in the size of the spleen accompanying an increase of temperature points rather to relapse than to sepsis; in the same manner a marked eruption of rose spots coming late and with an increase in temperature points to relapse; little reliance is to be placed in this symptom, however, for a late eruption may appear without any complication.

(6) Of much importance is the general appearance of the patient. In sepsis, even with considerable rises in temperature, he is comfortable and not apathetic, and he is hungry. Not so in a relapse. A bad septic case is of course very sick and weak, but the picture is different from the true typhoid state.

(7) Finally, we must exclude by very careful examination all tangible causes for the increased temperature, such as abscess, periostitis, pneumonia and the like. When we have done this and come to a diagnosis of sepsis, how is the case to be managed? First, give solid food. Begin when the temperature due to the typhoid proper has disappeared. Begin with very small amounts—a teaspoonful of scraped beef the first day; if that is taken well double the amount the following day, and so on, increasing the amount gradually, watching the effect. Often the improvement is marked from the beginning of feeding. But if the patient goes on getting worse in spite of it, he must be gotten out of bed, very carefully and for only a short time, but he must be gotten up. When he reaches that stage of dry rot something radical

has got to be done. It may fail, but it is best to give him the chance. And often we shall have the reward of our courage. At times stimulation and other symptomatic treatment must be

used, as indicated; but in most cases the scraped beef will be found to be the best of stimulants, and the sitting up the best of tonics.

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SEQUELAE OF GONORRHOEA IN THE FEMALE.*

BY O. J. KENDALL, M. D., RIVERSIDE, CAL.

The fifteenth chapter of Leviticus probably gives us the first written attempt at the treatment of urethritis, and might have well been styled the water cure.

Continuing down through the ages the subject has received much attention from medical men, but not until Neisser in 1879 discovered the essential* cause of gonorrhoea to be a vegetable parasite which he called gonococcus did we have any scientific basis to work upon.

If gonorrhoea were only a disease confined to the urethra in the male and to the vulva, vagina and urethra in the female, then it would be bad enough, but unfortunately the disease under some circumstances invades through continuity of structure other organs, making it one of the most important diseases, especially to the gynecologist. And it is to this department of the subject that this paper will be devoted, viz.:

Some of the sequelae of gonorrhoea in the female.

We at once have the picture before us of the disease traveling up the urinary tract of a possible urethritis, cystitis, ureteritis, pyelitis, etc., but this is rare.

The more frequent route being the genital tract on account of the vagina being the usual site for the initial gonorrhoea, and thus we have vaginitis, metritis—salpingitis and ovaritis. Nor must we forget the vulvo-vaginal glands and also the urethral glands.

Sanger and Rosthorn found tubal disease in 33 per cent. of all women affected with gonorrhoea.

Wertheim found in 116 cases of pyosalpinx 72 contained no bacteria; 32 contained gonococci; 6 streptococci and staphylococci.

Howard Kelly gives "one instance where a patulous fimbriated extremity of a tube was seen with pus, containing gonococci, escaping into the pelvic cavity.

"At the time of operation for the removal of the tubal abscess gonococci were also demonstrated in the free pus in the abdomen, in the uterine tube, in the uterus, the vagina, in Bartholin's glands, in Skene's tubules and in the urethra, making the chain of infection complete."

While the culture taken from the pus in these cases (tubal abscesses, still quoting Kelly) frequently do not show its presence, I am constrained to attribute this failure to defective culture methods rather than to the absence of this germ, because cover glass preparations frequently show diplococci which resemble gonococci, and the clinical history of the cases points strongly in this direction.

The characteristic feature of gonococcal infection of the uterus and its adnexia is that the process is as a rule confined to these organs and immediate vicinity, not giving rise to general peritonitis, which is in bold contrast to streptococcal infection.

* Read before the Southern California Medical

Society at the Redlands Meeting, Dec. 2, 1903.

The latter usually gaining entrance on account of abortion, infects the whole substance of the uterus and surrounding tissues, causing peritonitis, swelling and fixation of these organs, the vaginal roof feeling dense and resisting and perhaps ending in pelvic abscess also. The whole inflammatory process in gonococcal infection is much milder and more localized than in streptococcal infection, having a tendency to spend its force on the tubes, and as all gynecologists agree is a much more favorable case for operation.

If left to nature these cases after a variable time get about after a fashion—and may go for years in a chronic state of invalidism. Or the abscess may discharge through the uterus or it may rupture into the rectum or bladder or vagina or adjacent tissues or may become encysted.

But in the great majority of cases surgical interference will become necessary after the acute stage is over—the preference being given to puncture through the vaginal vault in cases where fluctuation can be felt with the finger in the vagina.

In certain cases enucleation through abdominal section will be advisable, and in case both ovaries and tubes are involved with a subinvolved uterus it will become necessary to remove the uterus also.

Skene of Brooklyn gives us a good pointer. In the treatment of an obstinate case of gonorrhoeal inflammation about urethral meatus which he treated for eight months with the ordinary methods, he at last discovered on each side of the meatus there were two depressions filled with a yellowish gray matter, and upon probing them found that they admitted probe over half an inch, and upon making pressure from above downward a purulent fluid escaped from the orifices.

First, they were treated with tincture iodine and then they were cauterized by passing a probe coated with nitrate silver to the bottom of each tubule.

These tubules were the mouths of the urethral glands, which had become infected and had not been reached by the ordinary applications.

The writer has had two cases like the above which were treated by Skene's method with satisfaction.

But the object of this paper is not to go into treatment of the conditions mentioned as sequelae of gonorrhoea, but rather to emphasize the formidable character of a disease once thought to be trivial because so little understood.

No wonder that Keyes in his opening paragraph on "Gonorrhoea" exclaims that it is the most venereal of all venereal diseases.

MOVABLE KIDNEY.*

BY W. W. BECKETT, M. D., LOS ANGELES, ASSOCIATE PROFESSOR OF GYNECOLOGY IN THE MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

Movable Kidney was made the subject of a chapter by Mesue of Venice in 1561. Francis Pedemontanus wrote upon this subject in 1581, and Riolan in 1682. Rayer described movable kidney in 1836. Martin of Berlin in 1878 performed the first nephrectomy for movable kidney.

Hahn performed the first nephropexy,

April 10, 1881. Kuester, Esmarch and Delhaes each reported a case in 1882. Bassini performed the first nephropexy in Italy in 1882; Weir the first in America in the same year; Newman the first in England in 1883; Bazy in France in 1885. Kuester did the first bilateral nephropexy in 1883.

Movable kidney is much more com-

* Read before the Medical Society of Southern California at the Redland Meeting, Dec. 3, 1902.

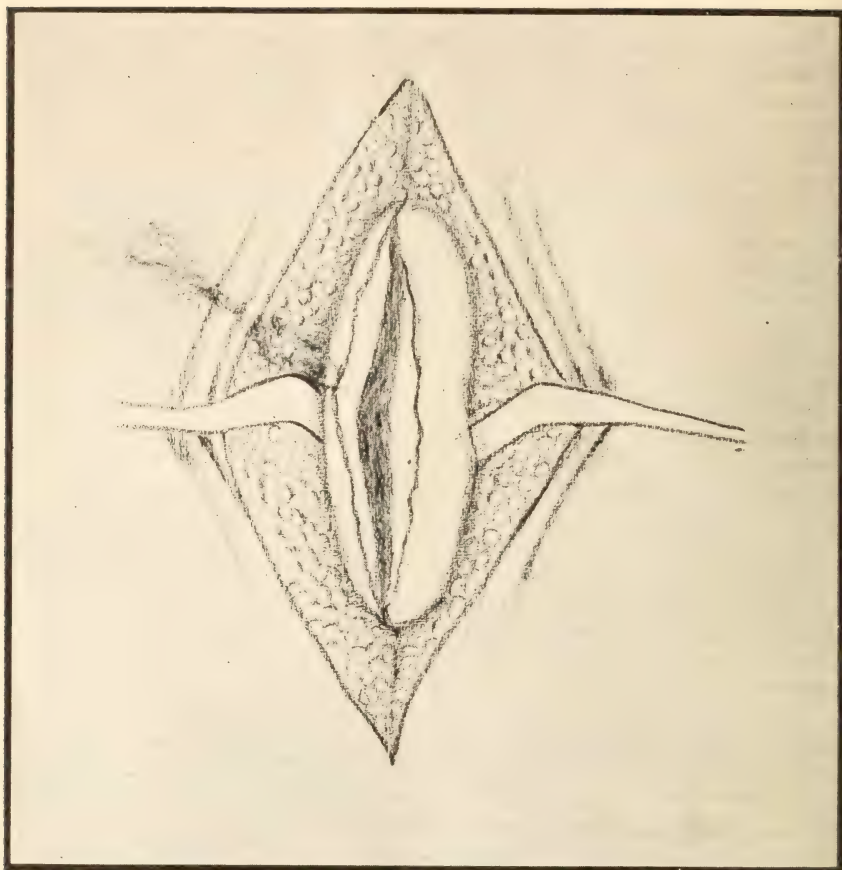


FIG. 1

Incision through capsule of Kidney. Capsule partially reflected.

mon in women than in men. It is most frequent during the child-bearing period, and particularly in women who have borne several children. The right kidney is affected four times as often as the left. Movable kidney has been observed in infants only a few months old.

Movable kidneys give rise to more or less pain. To renal crises, disturbances of the digestive organs, of the urinary secretion and micturation, of biliary excretion, of the intestinal functions, and of the nervous system. There is pain

and dragging of weight in the loins and side of the abdomen.

Besides these, there may be an impairment of health, loss of flesh, languor, debility, vertigo, gastro-intestinal troubles, renal crises which may be accompanied by chill, fever, vomiting and perspiration. The urinary secretion may be diminished. The twisting of the ureter may produce a temporary or a permanent hydronephrosis. Pressure upon the movable kidney will usually produce a sickening pain with nausea and faintness. The nervous symptoms

are, as a rule, greater when the range of motion is not very great and before the condition has existed long. Localized symptoms increase as the range of motion becomes greater.

There seems to be a close connection between right movable kidney and diseases of the bile passages, cholelithiasis, cholecystitis, etc. Recently in operating upon a case of cholelithiasis I found dense adhesion between the transverse colon, duodenum, gall-bladder, liver and a movable right kidney. Gallant reports a case of movable right kidney giving rise to symptoms of gall-stones. A number of cases have been reported of cure of pronounced gall-bladder and liver symptoms by fixing the right kidney. Reboul reported a case in which lumbar incision was made for the purpose of operating upon a tumor of the kidney. The tumor was a distended gall-bladder filled with stones. In a case of mine, I made a lumbar incision for the purpose of fixing an exceedingly movable right kidney. I found a distended gall-bladder, from which I removed seventeen large stones. The gall-bladder was drained through the lumbar incision. The patient made a rapid recovery. Lejars reported a case of lumbar incision for an operation upon a kidney tumor, and found a pycholecystitis. The gall-bladder was opened and drained through the lumbar incision. Tuffier, Morris, Ferguson and others report cases of operation upon the kidney and bile passages of the same patient at one sitting. Whenever there are symptoms of gall-stones in connection with movable right kidney, an examination of the bile passages should be made through the lumbar incision at the time of nephropexy, and if stones are found, they may be removed through the lumbar or usual anterior incision.

By exposing the peritoneum at the bottom of a right nephropexy incision, in many cases the gall-bladder and

ducts may be easily palpated without opening into the abdominal cavity.

In nearly one hundred and fifty operations for appendicitis I have not found movable kidney to be a factor in causing the appendical trouble.

To summarize in a few words:

There is pretty constant aching in the back and side, and a sense of dragging weight in the loin, digestive troubles, nausea, flatulence, loss of appetite, dyspepsia, occasional crises of severe suffering, neurasthenia and hysteria, changes in the function of the urinary organs, and rarely some complication due to mechanical compression or dragging, such as intestinal obstruction, jaundice, gastric dilation, enteroptosis.

The movable kidney has been anchored to the aponeurosis, lining the posterior abdominal wall, to the quadratus lumborum muscle, to the periosteum of the lower two ribs, and to the twelfth rib.

It is important to maintain the long axis of the kidney with that of the body. It is not, however, essential to fix the kidney so high up under the ribs as was formerly supposed. It is the mobility of the kidney which gives rise to the symptoms, and if the organ is firmly anchored at a lower level, the symptoms will be entirely relieved. Accidental opening of the peritoneum if done aseptically is not a serious matter. The opening of the pleural cavity is more serious but fortunately a rare occurrence. One would naturally expect nephritis to follow a large percentage of nephropexies. This, however, seldom occurs; on the other hand many cases of chronic nephritis are cured by this operation.

Hernias have been reported following nephropexy, but in these cases a large incision must have been made, and a faulty technique employed. Cases of hematuria in which no cause could be discovered have been cured by cutting down and splitting the capsule of the

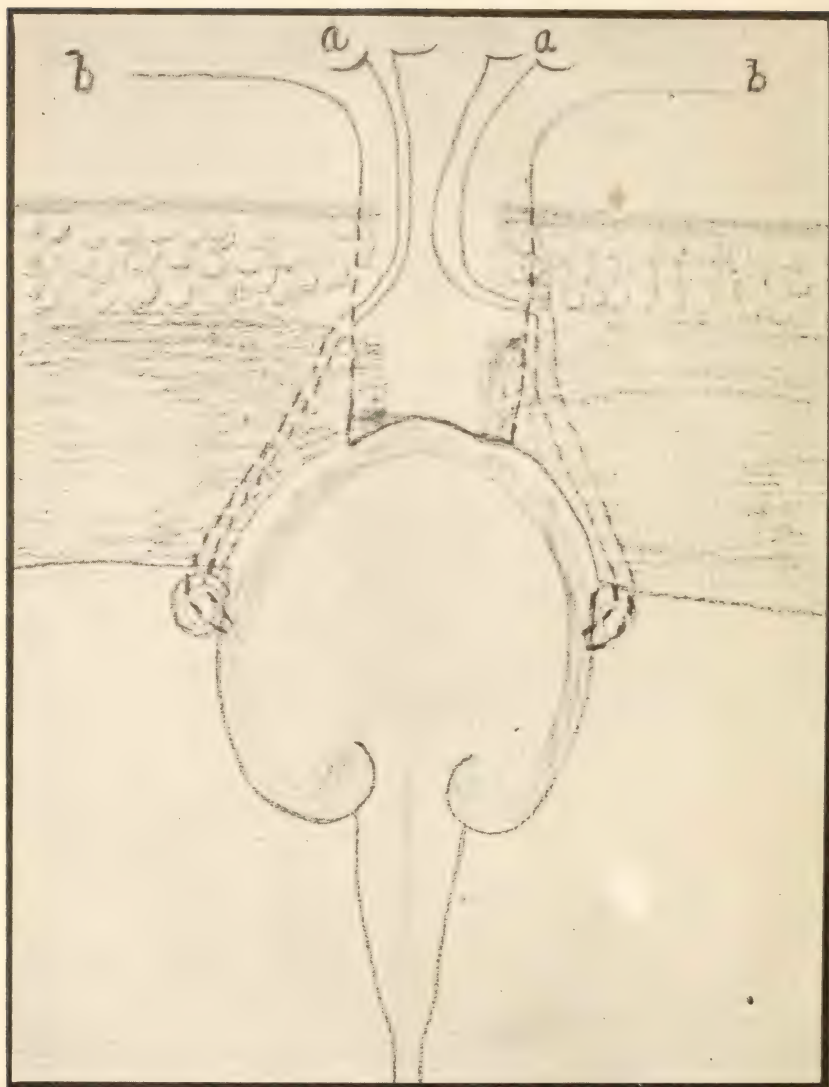


FIG. 2.

Cross section of kidney. aa—Sutures through the reflected capsule ready to tie above the quadratus lumborum muscle. bb—Approximating sutures.

kidney. If the symptoms persist after operation, the kidney is probably fixed in malposition.

Pads, belts, corsets, abdominal bandages, and trusses give only temporary relief. When the kidney descends below the twelfth rib, so that its upper pole may be palpated, these supports do positive harm; the pressure that is necessary to give effective support will produce irritation and lead to serious inflammation in or about the kidney. Lumbar nephropexy is the only treatment that will afford permanent relief.

When there is a prolapse of the kidney below the border of the last rib, the mobility is abnormal and the kidney should be fixed even though the symptoms are not distressing. When the nervous symptoms are intolerable, and the patient's health is impaired, when crises occur, when hydronephroses is produced by kinking of the ureter, when there exists a chronic nephritis in connection with movable kidney, nephropexy should be performed. When both kidneys are movable, as a rule, double nephropexy should be done, to avoid a second operation.

When a movable kidney gives rise to no inconvenience, an operation ought not to be thought of.

Nephropexy is an operation which is both safe and successful. The mortality is a little over 1 per cent., and cures, between 75 and 80 per cent. Pain is relieved more frequently than the nervous symptoms.

It is essential that the patient's digestive disturbances should be relieved by dieting and medication before the operation in order to avoid excessive vomiting following anaesthesia, because of the strain put upon the freshly attached kidney.

The patient is placed on the side, resting on Edebohl's kidney aircushion, so as to increase the costo-iliac space. An incision is made along the outer border of the erector spinae muscle from

the lower border of the twelfth rib to the crest of the ilium. Separate the fibres of the latissimus dorsi without opening the sheath of the erector spinae.

Be careful to draw the iliohypogastric nerve to one side; if necessary divide it, and reunite it with cat-gut after fixing the kidney and before closing the wound.

Divide the lumbar aponeurosis the full length of the wound, check all bleeding points with hemostatic forceps and ligatures before proceeding. Draw to one side the fibres of the quadratus lumborum muscle, exposing beneath, the transversalis fascia, which should be divided. Deliver the kidney by making traction on the fatty capsule. Dissect off and remove the whole of the fatty capsule. This will detach the colon and duodenum. Carefully palpate the kidney and upper part of the ureter for stone, which should be removed if found.

Divide the capsule proper upon a grooved director along the entire length of the convex border of the kidney. Separate the capsule on either side of the incision from the kidney and roll it backward and forward toward the pelvis of the kidney, leaving denuded about one-half of the kidney. Pass four fixation sutures of kangaroo tendon, two in front and two behind the kidney, through the reflected capsule, parallel to the long axis of the kidney close to the line of reflection and through the underlying attached capsule. Use a curved, round-pointed needle. Bring the ends of the sutures up through the abdominal wall and tie above the latissimus dorsi muscle. Place a sustaining silk worm gut suture through the reflected capsule proper at the lower pole of the kidney, and one in like manner as near the upper pole as the twelfth rib will permit; bring the loose ends up through the entire abdominal wall, close the wound with

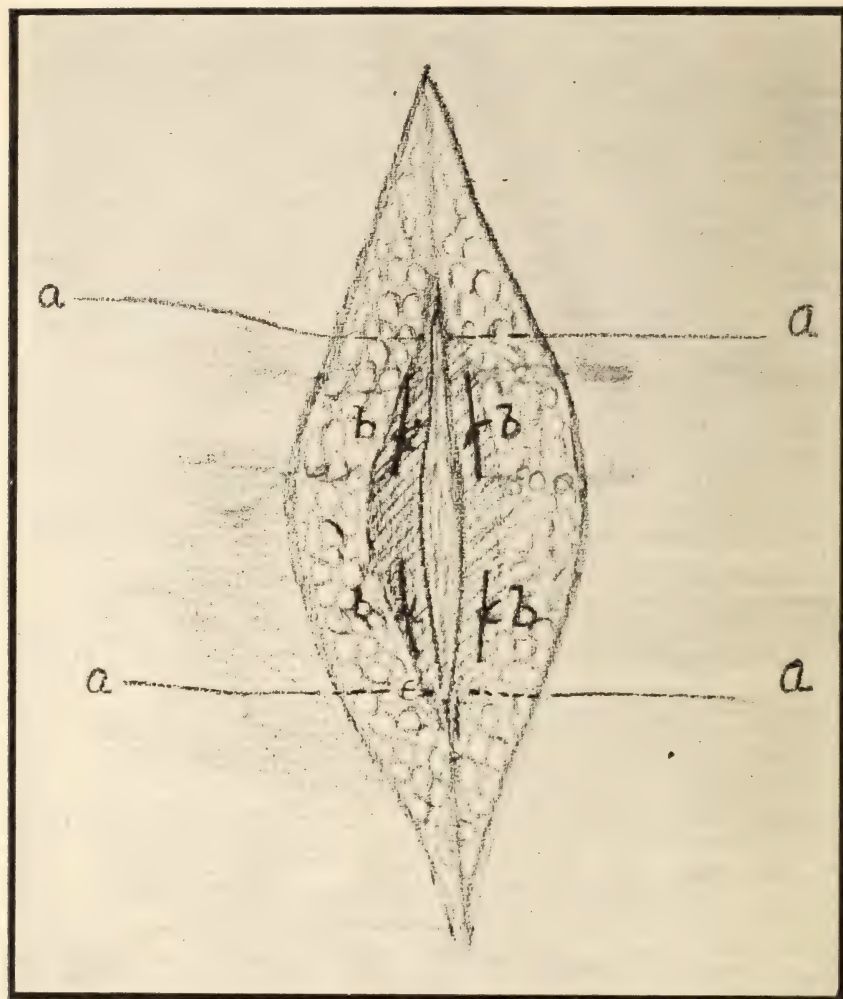


FIG. 3

a a—Sustaining sutures passing through the true capsule and superficial tissues to be tied over small pad of gauze.

b b—Sutures passing through the reflected capsule and tied above the quadratus lumborum muscle.

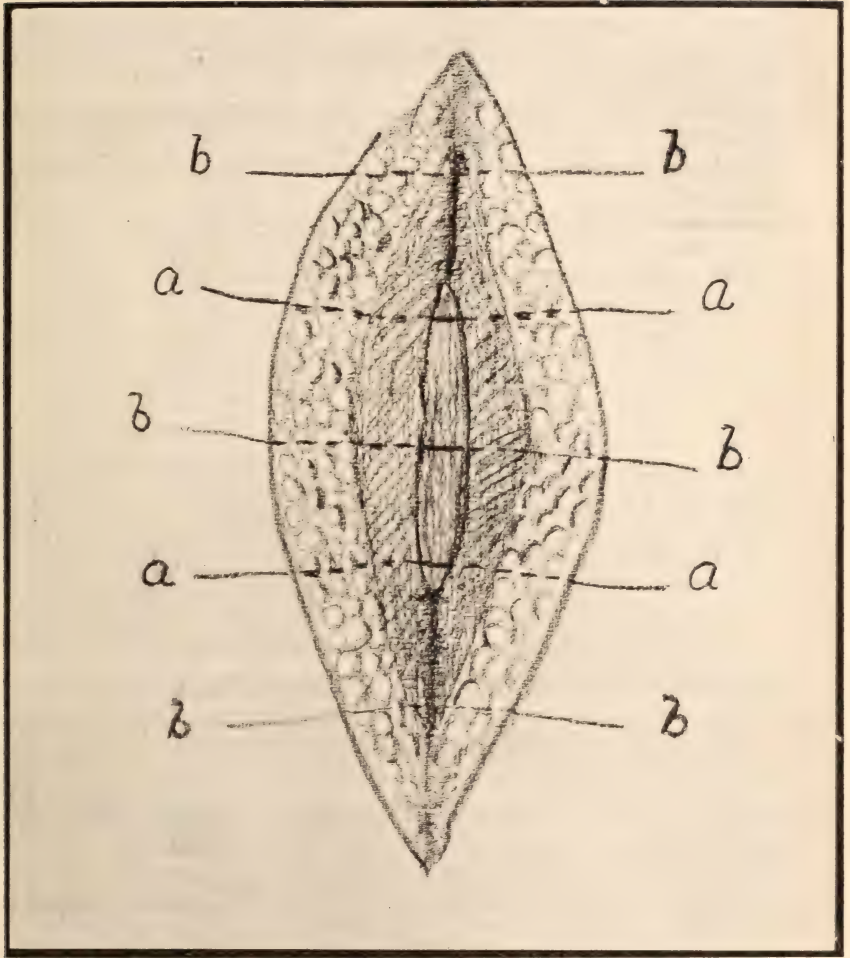


FIG. 4

a a—Sustaining sutures. b b—Approximating sutures.

silk worm gut sutures, including all the structures above the kidney. Now tie the sustaining silk worm gut sutures over small pads of gauze laid lengthwise to the incision. These pads prevent the sutures from cutting through the skin and loosening the loops.

Put a compress over the kidney to keep it in place until adhesions form. A bountiful supply of aseptic gauze is applied next the wound and over this

a pad of absorbent cotton covered with gauze. This is held in place by adhesive strips and an abdominal binder. In most cases, it will not be necessary to drain, but if there is much oozing, a small roll of gauze covered with rubber tissue will be sufficient. This can be removed at the end of forty-eight hours.

The sustaining sutures are allowed to remain for about ten to fourteen days. Codeine given hypodermically, in half-

grain doses, is usually sufficient to relieve the pain in the back, of which the patient will complain for the first twenty-four or forty-eight hours. The patient should be kept as nearly as possible upon her back. If only one kidney has been fixed, she may be turned upon the affected side.

The patient should be kept in bed for at least three weeks, and should wear a well-fitting abdominal support for three months. Digestive disturbances and other disordered conditions caused by the movable kidney should be treated until the health of the patient has been restored.

Among the many reasons why this operation may prove unsuccessful, is the improper selection of cases, suppuration of wound, for want of proper aseptic methods used, failure to properly remove the capsule so that the kidney may come in contact with the structures

to which it must become adherent, failure to detach the colon and duodenum, failure to immobilize the kidney until adhesion has taken place, the use of improper suture material, placing the sutures improperly, removing the retaining sutures too early, improper drainage, fixing the kidney in an abnormal position, excessive vomiting or coughing soon after operation, allowing the patient to assume the erect position too early, neglecting to wear a properly adjusted abdominal support for sufficient length of time after operation, strain on kidney from too early exertion, failure to correct by proper measures the digestive disturbances and other conditions which were caused by the movable kidney.

Complete relief of symptoms usually takes place in from two to twelve months.

PREVENTION OF TUBERCULOSIS IN CHILDREN.*

BY CHAS. C. BROWNING, M. D., HIGHLAND, CAL.

In the brief time allotted to me this evening it will be impossible to attempt an exhaustive discussion of this subject. I will only make a few suggestions, and should they interest any of my hearers sufficiently to induce further interest, the object of this paper will have been fully attained.

Tuberculosis is an infectious disease common to man and certain lower animals. It is incited by the tubercle bacillus and communicated by the distribution of this germ.

Since the discovery of the tubercle bacillus was announced by Koch, March 24, 1882, hope has been brighter that the ravages of the dreaded and widely-spread disease of tuberculosis might be checked. Nor has this hope been in vain, for where organized effort has

been put forth in the light of knowledge gained from that discovery, the percentage of deaths has been lessened to a degree that is most encouraging. In Berlin in 1883, the year before the announcement of this discovery, the percentage of deaths from tuberculosis was 3.42 per cent. In 1896 it was only 1.26 per cent., showing a decrease of 2.16 per cent., or based on former death rates, a decrease of 63 per cent. in thirteen years. Large cities elsewhere show a varying decrease in proportion to efforts put forth.

By this discovery some diseases which had not previously been known to be tubercular were proven to be such and scrofula. Many of the heretofore obscure bowel troubles and most of the more common diseases of the bones

* Read at the meeting of the Southern California Anti-Tuberculosis League, Redlands, Dec. 3, 1903.

causing deformities in children, were proven to be tubercular, and therefore placed in the category of preventable diseases and made more amenable to arrest or cure by treatment.

Who does not have a feeling of compassion, admiration and awe when contemplating a beautiful babe? Compassion for its helplessness; admiration for its purity and innocence, and awe when contemplating its possibilities? It is for the especial care of these I wish to invite your attention for the few remaining minutes allotted to me.

A healthy individual has greater powers of resisting disease than the same person when the health is impaired. Most certainly any condition which tends to diminish the vitality of an individual necessarily increases his susceptibility to tuberculosis. Clinical evidence sustains this view in a most emphatic manner. For this reason the child should be given an opportunity to be in the best possible physical condition. In Southern California few suffer from exposure to the elements or lack of food. Persons who do should, of course, be properly sheltered and fed. The large majority of babes which are deprived of an opportunity for the best development are the children of over-anxious parents, who for fear of exposing them to conditions which will cause them to take cold, dress them too heavily, wrap them up in too heavy wraps and shut out the air lest a draught reach them. A more favorable condition for contracting cold is difficult to imagine. The babe should have just sufficient clothing to keep it comfortably warm, kept in a well-ventilated room, when in the house, and this room should be so situated as to receive a bountiful supply of sunshine. Should sleep in its own bed and be in the open air all that the weather will permit. Given a daily bath and only such food as is provided by nature, or this fail-

ing, as recommended by the family physician.

Do not entertain the babe during all its waking hours. It needs time for observation, and the mind which is being developed needs time to think. By constant entertainment, swinging and tossing, the child is kept in a constant state of excitement. This undermines its health, producing a nervous, irritable and fretful babe with enfeebled powers of resistance.

The following figures taken from death reports (most of which were verified by autopsies) from several children's hospitals, are of interest. The figures are averages and not of one institution. The death rate from all diseases is greatest during the first month, but the percentage of deaths from tubercular diseases was less than 1-10 of 1 per cent.

From 1 to 3 months about 1 per cent.

From 3 to 6 months about $3\frac{1}{2}$ per ct.

From 6 to 9 months about 12 per ct.

From 9 to 12 months about 27 per ct.

From 1 to 2 years about 15 per cent.

After the second year the decrease is steady until at 10 years it is less than 5 per cent. These statistics are not applicable to us here as regards absolute percentages on account of differences of environment, but they are instructive in that they show at what age the child is most likely to succumb to its ravages, and in this way may be profitably considered by us. Why should the percentages rise rapidly, being nearly four times as great between the 6 and 9 months of age as it is between the third and sixth months, and doubling this, reaching the maximum of 27 per cent. between the ninth month and the completion of the first year? Then note the rapid decline during the next few months and the continued steady decline until the period of childhood is completed.

I will now note briefly some of the

changes which occur in the life of the child which may have some influence. It is at this period that children begin to be on the floor where they inhale the dust and their hands come in contact with whatever may find lodgment there; from there it is carried to their mouths, the beginning of the digestive tract, and the gateway to the lymphatic system. Thus we find the principal avenues through which these germs gain entrance into the system are greatly exposed. For this and other reasons I am pleased to note the growing tendency to abandon the carpet and substitute the smooth floor and rugs. The floors can be thoroughly cleaned and the rugs dusted and exposed to the sun.

Another danger is from the household pets. Many of these are susceptible of becoming infected with and communicating this disease. Those of most interest to us are birds, chickens, cats and last that I will mention, but probably the worst, dogs. Not only are dogs susceptible of contracting the disease, but the habits of the dog are such that they are most likely to be carriers from other sources, and the intimate manner in which they frequently come in contact with children should be discouraged.

Any of these pets should be destroyed as soon as it is discovered they are suffering from an ill-defined disease or sores, other than wounds which heal readily.

Children should be taught not to kiss people on the lips, and persons known to be suffering from tuberculosis

should not associate intimately with children.

Another source of infection which has been receiving increased attention of late is the house fly, and with the more careful observation is being regarded as a greater menace as a carrier of germ diseases—tuberculosis among others. Virulent bacilli have been found on their feet and other portions of their body; on objects where they have rested after having been in contact with tubercular matter; in their bodies and in the specks.

At the age of the child we are now considering we know how attractive it frequently is to this pest and often how helpless or indifferent the child is to its attention. The house fly is not a necessary evil. Much has been done to relieve us of its torment by screens, but it is possible to abate the nuisance. This would require co-operation, but no great expense. It propagates principally in the offal from the stable. If this was thrown into a tight box and chloride of lime added the propagation would almost entirely cease.

In conclusion I only wish to add that I believe a large factor in the rapid decline of the percentage of death rate following the beginning of the second year is the more independent life and greater freedom which is gradually gained throughout the remainder of childhood. It is not until confinement, indoors, undue exposures and cares come in later life that we see the percentage again begin to increase.

BABYHOOD AND CHILDHOOD—INFLUENCE ON AFTER LIFE*

BY ROBERT L. DOIG, M. D., SAN DIEGO, CAL.

When our president asked me to take charge of the Section of Pediatrics for this meeting, I told him there was a time when pediatrics had charms for

me, but that after ten years of practice in San Diego I no longer felt in touch with that section of medicine.

I take it to be a fact that, outside

* Read before the Southern California Medical Society at the Thirty-second Semi-Annual Meeting, Redlands, Dec. 2, 1903.

possibly of a city the size of Los Angeles, no man could make a living in the specialty of diseases of children in Southern California. This is the more remarkable when we consider the heredity of our children, our population being largely made up of those who sought a sunny clime on account of ill health. Many, many of the parents would, as parents, be classed as unfit, and yet the environment gives us children with a health record that is remarkable.

"The investigation of Prof. Karl Pearson, as reported in a lecture before the Anthropological Institute in London, indicates that neither physical, moral nor mental qualities can be created *de novo*, though they may be fostered by environment when they already exist. The mathematical analysis of the figures founded on the schedules received showed that intelligence or ability followed precisely the same laws of inheritance as general health, and that both followed precisely the same laws as the cephalic index or any other physical character. It could then be safely said that the general health of the community was inherited in precisely the same manner as head measurements or body lengths; the same law applied to the inheritance of psychical and moral characters. If the relation of the psychical characters to the physical characters was so constant, Prof. Pearson argued that the conclusion must be drawn that while geniality and probity and ability might be fostered by home environment, by the provisions of good schools, etc., their origin was deeper down; that is to say, they were bred in the stock and not created by environment. It was the stock itself that made the home environment; that is to say, the home standard was itself a product of the parental stock, so that the relative gain from education depended to a surprising degree on the raw material."

This last sentence is the important thing for present thought.

The home environment as a thing of heredity seems rather a hopeless matter to Prof. Pearson. To me it seems full of promise of improvement.

If nature, by environment, gives our children health beyond the average, and of this we are proud, should it not be our pride and pleasure and constant endeavor to bring out the best that is in them psychically and morally?

Few people live up to the best that is in them, and nowhere do they miss this desideratum further than as parents.

Many a man is cross and unjust or over-indulgent and vacillating in the treatment of his children whose business relations are above reproach.

Many a woman is irritable, unreasonable and untruthful toward her children whose calling acquaintance and church friends think her angelic.

These traits are of gradual development, and aside from heredity, are the result of poor control over the children and disagreements between the parents on the subject of discipline. Observation would indicate that one great trouble is ignorance of the importance of the first weeks and months of life.

That our children should be stronger physically and mentally and better morally than we have been, is the wish of every one.

The mother's love for and the father's pride in the child often seem the greatest obstacles to the accomplishment of these wishes. The family doctor sees the family life of a good many people. His feelings are a mixture of anger, disgust and pity in many a house where the people would be astonished were he to put his thoughts into words.

It often takes but a few minutes to see that the child owns the household, and no thoughtful person can see such a condition without feelings of disgust and pity. The more one thinks of it, the more the pity grows—pity for the

child that its life should be handicapped by an ill-ordered, uncontrolled and undisciplined mind, and often as a consequence habits that undermine the health—pity for the mother as a present slave and as a future mourner over an ungrateful child.

Child study has been something of a fad, but most of the books begin with the five-year-old child.

The building of both health and character (and this should be the object of such study) begins in babyhood.

That all spoiled children do not turn out badly is nothing to the point.

A misconception as to "strength of character" is often at the bottom of things.

I've known a mother to say of her four-year-old miss—yes, and in her hearing and with a kind of apologetic pride—"She is so independent, Doctor, I can't do a thing with her."

Or the father to say, "I want my boy to be strong and self-reliant, and I won't have his will broken."

Is the woman who throws a cup at her husband's head, or the man who flies into a passion and smashes the furniture, when there is a disagreement between them, your ideal of a strong character? No; self-control and a decent respect for the rights of others are essential to leadership among men.

One often feels like saying: "I hope your selfish, over-bearing child will get hard knocks in the public school, and that you will have sense enough to tell him to 'take his medicine,' for the lesson will come easier then than later."

But what should be impressed is, that if the nurse and parents *commence* right, hard knocks are not necessary.

The man who raises valuable horses does not hire a "broncho-buster" to *break* his thousand-dollar colts. No; he has trainers, and they commence with the babies, and your headstrong, undisciplined boy could not get the job

for nothing, when another would be paid five thousand a year.

Going back to the baby:

Health and character building are each essential to success in the other.

The untrained child eats, drinks, sleeps, plays, works, as he pleases. The wish of the moment the highest law, resulting physically in indigestion, with constipation and a long train of ills and ails to follow through life. Mentally and morally the results are equally bad.

The uncontrolled desire for excitement, for stimulants, in the broad sense formed in early life and often fostered by the parents if the child is a bright one, is responsible for many a mental and physical wreck.

It may be said that all this is outside our province. In a strictly technical sense, yes; in a broad, philanthropic sense, no.

The unusual opportunities for observation which the physician enjoys; the *supreme* importance of the child at the time of its birth and the receptive condition of mind of both the father and mother as to suggestions for its good; the feeling they have towards the person who seems to hold life and death in his hands; the fact that in our training schools for nurses we have in hand the person who may start the baby right or wrong, all throw the obligation upon us.

Outside then of the ordinary and strictly medical directions, what may we suggest?

That the psychical has a bearing on the physical health even in childhood; that while they will think the baby wonderfully smart, it is smarter than they think and knows before the end of the first month whether its whims as well as its rights are a law in the house. that prolonged excitement in play and in showing off the baby to friends are bad for it; that one parent interfering with or questioning, in the presence of

the child, the discipline of the other, means a wreck in the household; that faith and trust are the only sure foundation for love and obedience; that the child knows and appreciates fair treatment; unkept promises and unkept threats are equally bad and destroy confidence in the parent; that the principal business of the baby is to

sleep; that all through childhood early to bed should be the rule, no night entertainments and, particularly, that the bright, nervous child should not take part in entertainments, and last but not least that prayer meetings, Christian Endeavor auxiliaries, etc., *may* be as bad as theatricals.

SELECTED.

DEPARTMENT OF PATHOLOGY.

CONDUCTED BY STANLEY P. BLACK, PROFESSOR OF PATHOLOGY IN THE MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

HYALINE BODIES IN TUMORS AND KINDRED OTHER CONDITIONS.—By Randle C. Rosenberger, M.D., *American Medicine*, Nov. 7, 1903. Rosenberger briefly reviews the work of others on the supposed parasite of cancers, and recites his own work. He has examined fifty-seven malignant tumors (fifty-four carcinomas, three sarcomas) and in all of these except one of the sarcomas he has found hyaline bodies. In addition he has found these hyaline bodies in all of seventeen cases of non-malignant disease, notably fibro-adenoma of the breast, leprosy (two cases), pharyngeal adenoids, etc. Sections were stained by a modified Gram, Gram-Weigert, or by Unna's polychrome methylene-blue. The bodies were visible with a two-third-inch objective. "Some sections contained only a few bodies. In each case they were deep-seated; some appeared distinctly encapsulated, some were extracellular, and others intracellular. Where small and numerous, they were generally extracellular. Occasionally one of these large bodies could be seen occupying the whole cell; apparent budding was present in but two cases. . . . Sometimes as many as twelve to twenty

bodies were found in a group, and at other times only one or two could be found in an entire specimen." He also attempted to cultivate inoculating various media with the "juice," macerated tissue, or buried fragments of tissue, aerobically and anaerobically. No growth was obtained nor was any effect produced by the intraperitoneal inoculation of rabbits in eighteen months. From his studies Rosenberger concludes "that they really represent some degenerative change, occurring in the cell or cell nucleus. That they play some part in the etiology of the conditions in which they are found seems doubtful, notwithstanding the fact that they are found deeply seated and intracellular. . . . They may, however, represent a hyaline or amyloid degeneration of blastomycetes. The fact that cultures were not obtainable in any case upon various media, and the failure to demonstrate true budding, seems almost positive proof that they are not blastomycetes."

A CONVENIENT MODIFICATION OF TESTS FOR HYDROCHLORIC ACID IN GASTRIC CONTENTS — By Charles Fischer, M.D., *American Journal of the Medical Sciences*, October, 1903. Fischer adds

to our clinical armamentarium a very convenient and fairly accurate method of estimating the total free HCl, total combined HCl, and the total acidity, using dimethylamidoazobenzole and phenolphthallin as indicators for HCl, and total acidity and the Cohnheim-Krieger test for the combined gastric modification which he has devised is as follows: 5 c.c. of filtered gastric contents are measured into a small, dry beaker and the free HCl, estimated with dimethylamidoazobenzole. The total acidity is next determined by adding phenolphthallin to the mixture and titrating to the limit of reaction. The results obtained being noted, a quantity of 0.1 normal HCl solution corresponding to the quantity of NaOH solution already employed, is added to obtain the original total acidity of the gastric contents. The total number of c.c. of the mixture being known (gastric contents -|- 0.5 NaOH -|- 0.5 HCl) 4 per cent. neutral calcium phosphotungstate solution is added in sufficient quantity to bring the whole up to 30 c.c. The mixture is thoroughly agitated and allowed to stand three or four minutes. In order to decolorize the mixture a small quantity of chemically pure animal charcoal is thoroughly stirred into it and the whole filtered through a dry filter into a dry beaker. The animal charcoal not only retains the color but also holds back the phenolphthallin, which substance would render the following titration uncertain. Of the filtrate 15 c. c. are measured into a dry beaker and the total acidity determined with the NaOH solution, using six drops of a 1 per cent. alcoholic solution of rosolic acid as an indicator. It is necessary that the HCl should be present in excess, and in case there is subacidity it is necessary to estimate this subacidity by Honigman's method and then supply this deficiency and add HCl in excess and proceed as before. Fischer states that "operating in this

way the error can be reduced to 4 degrees," so that the method is sufficiently exact for clinical work. He also says that the whole process can be carried through in about ten minutes, so that it seems to be a most excellent clinical test.

PATHOLOGY OF ACUTE RHEUMATISM AND ALLIED CONDITIONS—By E. W. Ainly Walker and J. Henry Ryffel. *British Medical Journal*, Sept. 19, 1903. The authors have been working with the micrococcus rheumaticus of Triboulet from a chemical standpoint. They find that they have been able, from cultures of this organism in albumose free media, to isolate an albumose which, when injected into rabbits and guinea pigs, produced a pyrexia of three or more degrees Fahrenheit, in one instance a temperature of 105 being produced. Again they find that this micrococcus produces a greater and more rapid hemolysis than any other streptococcus examined by them, which would explain the great anaemia in rheumatic patients. Most interesting and important, however, is the statement that they have ascertained that the micrococcus rheumaticus produces in highly alkaline bouillon, rather large amounts of formic acid. This acid is present not only in the filtered cultures, but also in the bodies of the organisms themselves. In both the filtered cultures and in the washed bodies of the micrococcus they found at least one other of the higher fatty acids. On examination of the urine of rheumatic patients, they found formic acid and another fatty acid in appreciable amounts. From normal urine formic acid is either absent or present in traces only. Cultures of other streptococci contained but traces of formic acid. These experiments, if verified by other observers, would seem to separate the organism from other streptococci and would render it highly probable that is the cause of acute rheumatism.

DEPARTMENT OF TUBERCULOSIS.

CONDUCTED BY F. M. POTTENGER, PH. M., M.D.

THE RELATIVE IMPORTANCE TO THE COMMUNITY OF PNEUMONIA AND TUBERCULOSIS.—

By Arnold C. Klebs, M. D., *American Medicine*, December 12, 1903.—There has been a great deal written in medical literature regarding the relative importance of these two diseases. Some men have thought that tuberculosis has been occupying entirely too prominent a place in the minds of the medical profession, and have called attention to the fact that while this disease has been decreasing, the mortality from pneumonia has been increasing. Without weighing these facts sufficiently, they have at once drawn the inference that pneumonia should be given the attention that is now given to tuberculosis, and that we should let tuberculosis rest for a while.

Dr. Arnold C. Klebs, in the above paper, has shown conclusively that tuberculosis is receiving no more attention than it deserves, and that when we consider all factors in the case, pneumonia, while on the increase, is still of minor importance compared to the morbidity and mortality from tuberculosis.

He has based his opinion upon a careful study of statistics, and it is a most valuable contribution to the literature. He says, "To judge the disabling power of a given disease it is necessary to analyze its clinical features, its course, and the length of period of illness, its infectiousness and curability. Mortality figures alone give no information whatsoever on these points."

He speaks of the unreliability of mortality statistics, and calls attention to the fact that the classification of causes of death is very unsatisfactory, saying that in one doctor's practice nearly all diseases of the respiratory tract are returned as bronchitis, while in another's they are perhaps called pneumonia.

From an economic point of view, the mere number of deaths does not give the importance of the disease in question. The causes of death at different ages and also those of the sexes must be taken into consideration. "It is evident that a disease causing the highest mortality in the wage-earners is infinitely more serious to the community than one among infants and old people."

"Pneumonia and tuberculosis are essentially different in their clinical course. The first is of a markedly acute type, while the latter's course is eminently chronic. The average length of disabling sickness for pneumonia does not exceed four weeks, while for tuberculosis it frequently exceeds fifty weeks. Furthermore termination in complete recovery in pneumonia is very frequent, while in a marked case of tuberculosis it is quite rare. This is, of course, of prime importance in regard to the prophylaxis of these diseases."

He then gives the mortality from pneumonia in hospitals, which of course includes, as a rule, the worst cases, and shows that from fifteen different hospitals this does not exceed 23.8 per cent. In private practice, where the cases are more favorable, this percentage is very low. In comparison, he quotes 100 cases in soldiers, reported by Fraentzel, without any deaths, and those by Andrew Smith in military hospitals, which shows a mortality of 3.5 per cent. to 7.5 per cent.

"The prognosis of tuberculosis, on the other hand, as to complete recovery is dubious in every case. True, it is, that by the institution of a systematic plan of treatment on hygienic-dietetic lines and with a persistent out-of-door life, relatively excellent results are obtained, but only when this treatment is begun at an early stage of the disease. The fatality of the disease among well-

developed cases of tuberculosis, that is, those in which there cannot be any mistake about the diagnosis, is almost absolute; the hospital reports and the opinion of clinicians are unanimous on that subject. And then its greatest number of victims is not among the children and the old, but among the wage-earners between the ages of 15 and 65.

And when we compare the clinical courses of the two diseases, we find a still more striking difference. In pneumonia, the individual is attacked suddenly without hardly any warning; he is well one day and is profoundly ill the next; he goes through a few days of grave illness and in most instances (except in the cases already cited) he recovers complete health after a comparatively short convalescence. In tuberculosis, the beginning is most insidious. The victim goes through periods of comparative well-being and partial disability, that can go on for years, until, and always among bad hygienic surroundings, the period of consumption sets in with all its well-known misery and total disability, which again can be prolonged for years until death comes as a relief."

Speaking of the infectiousness of the two diseases, tuberculosis has been fully established, while that of pneumonia is still in some doubt.

To show the increase of pneumonia and the decrease of tuberculosis, he quotes the following figures from the United States census:

"The figures from the twelfth United States census for the year 1900 are:

Total number of deaths from pneumonia	105,971
Total number of deaths from consumption	109,750
Death-rate per 100,000 living, (reg. area) pneumonia.....	192.0
Death-rate per 100,000 living, (reg. area) consumption	187.3
Death-rate per 1,000 deaths from all causes, pneumonia.....	106.1

Death-rate per 1,000 deaths from all causes, consumption..... 109.9

"The corresponding figures from the eleventh United States census for the year 1890 are:

Death-rate per 100,000 living, (reg. area), pneumonia.....186.9

Death-rate per 100,000 living, (reg. area) consumption245.4

Death-rate per 1,000 deaths from all causes, pneumonia..... 90.6

Death-rate per 1,000 deaths from all causes, consumption122.3

"These figures show an increase of the pneumonia death-rates and a decrease of those from consumption for the two census years, 1890 and 1900."

The age distribution of the total population given by the twelfth census "gives for the ages from under 1 to 5 years, a total population of 9,440,628, and from 60 years and above, 4,871,861, or for the two extremes of life, viz., under 1 up to 5, and from 60 upward, 30,996,846 total population, and for the ages between 15 and 60, 44,797,145 total population.

"The chart shows the well-understood fact that the greatest mortality from pneumonia occurs in the two extremes of life, while that of tuberculosis selects chiefly the adult-age period for its victims. In the age period from 15 to 60 years the tuberculosis mortality exceeds the one from pneumonia more than twice; in the extremes of age, the mortality from pneumonia is considerably higher than that from tuberculosis. But the extreme height of the mortality figures for the ages under 15 for pneumonia, and especially that under 1 year of age, induces further investigation. Particularly for the reason that genuine lobar pneumonia is generally a rare disease in infancy."

We note that the greatest increase in the death-rate of pneumonia has taken place in the period under 5 years of age, and also, but to a lesser extent, in the period above 65 years. On the

other hand, we note a quite appreciable decrease in the age period from 5 to 65 years.

For tuberculosis we note that the death-rate in the 2 years has remained about stationary for the period under 9 years of age, has decreased some from 10 to 25 years, and from above 50 years, but that for the age period of from 25 to 50 years there has been an increase.

These figures are, of course, only comparable with the restrictions already alluded to. However, the marked increase of the death-rate of pneumonia among children under 5 years of age, which is so largely responsible for the apparent general increase in the death-rate from this disease, must command attention, and it would be valuable to investigate the factors responsible for the increase, which, for reasons stated above, cannot be due to a greater mortality from lobar pneumonia. On the other hand, we have again an illustration of the fact of the overwhelming prevalence of deaths from tuberculosis in the most-active-age period of life. In summing up, we must come to the following conclusions:

1. That the relative economic importance of pneumonia and tuberculosis cannot be estimated by a mere comparison of total mortality figures for each disease.

2. That the apparently high mortality figure and its increase of late, for pneumonia, is produced by the enormous death-rate and its increase attributed to this disease, in early childhood.

3. That, therefore, the high mortality from pneumonia and to a certain extent its increase is due to a classification of different ill-defined pathologic conditions under one name, while that

front tuberculosis represents that of a well-defined morbid entity.

4. That for this reason and on account of the relative shortness of disabling sickness and frequent recovery in pneumonia, the great length of disabling sickness and infrequent recovery in tuberculosis, the relative importance of the two diseases is so vastly different, that a comparison on economic grounds reveals the overpowering danger from tuberculosis.

5. That the steady decrease of the tuberculosis death-rate can be explained on the grounds of increasing improvement of hygienic conditions in late years and as the result of specific prophylactic measures.

6. That the increase of the pneumonia death-rate occurring in a time of improving hygienic and sanitary conditions and of a general application of antiseptic principles, shows its independence of these features.

7. That, therefore, and in view of the still enormous mortality from tuberculosis, its demonstrated preventability and the possibility of its arrest only in its earliest stages, the institution of educational measures in regard to personal and public hygiene widely and specifically applied, for the prevention of this disease, seems to be distinctly indicated.

8. That since, for pneumonia, as pointed out by E. F. Wells, "the fundamental information on which prophylactic rules may be formulated is not yet at hand," this subject needs further investigation from a bacteriologic and epidemiologic standpoint as well, before "exaggerated and irrational notions in regard to its dangers and its avoidance" are communicated to the public, which, in view of the facts given, are out of all proportion.

SOUTHERN CALIFORNIA PRACTITIONER'S NURSE DIRECTORY.

NAME.	QUALIFICATION.	STREET.	TEL.
ALBERTS, MISS R. C.	Graduate Nurse.	642 W. 36th.	Pico 541
ANKARSTRAND, MR. AND MRS.	Swedish Movements and Massage ; Gra uates Stocho m. Sweden	Potomac Bldg. 217 S. Broadway Rooms 118-119	Home 6941
BURTON, MISS EVA G.	Graduate Nurse	201 W. 27th.	White 981
BOYER, MISS SARA	Graduate Nurse California Hospital.	1006 W. 8th.	Jefferson 6391
CAMERON, MISS KATHERINE.	Graduate Grace Hospital, Detroit.	395 Grand Ave., Pasadena.	Black 471
CASE, MISS L. E.	Childrens Hospital San Fran.	542 Westlake Ave.	Jefferson 6303
CRAWFORD, MISS M. A.	Trained Nurse.	1815 N ormandie	Blue 4026
COSTER, MISS E.	Graduate Middlesex Hospital London.	432 S. Main.	White 2062
COOPER, MISS JESSIE	Graduate Fabiola Hospital, Oakland.	202 W. 27th.	Home 5344
CUTLER, MRS. E. L.	Graduate California Hosp.	1622 S Hill.	White 4661
EHRLMAN, MISS IDA M.	Trained Nurse.	1022 W. Washing'n	Home 4243
FALCONER, MISS JEAN J.	Graduate Salem Hospital. Salem, Mass	912 W. 5th.	Red 481
FERN, MISS	Graduate California Hospital	316 W. Carrillo St. Santa Barbara	Main 593
GREGG, MISS MINNIE M.	Trained Nurse.	1018 W. 8th.	
HARDISON, MISS CLAIRE L.	Graduate California Hosp.	116 S. Burlington	James 1161
HARRIS, MISS LINDA C.	Graduate Lake Side Hospital. Chicago, 1895.	The Colonade, 330 S. Hill.	John 221
HOAGLAND, MISS M. J.	Graduate Bellevue Training School, N. Y.	312 W. 7th.	Main 793
INMAN, GINEVRA	Graduate Nurse.	315 W. 6th.	Main 607
JOHNSON, MISS EVA V.	Graduate California Hosp.	1708 S. Grand Ave.	Tel. White 2801 Home 2265
KINNEY, MISS J. A.	Trained Nurse.	1337 S. Flower.	Blue 2491
KIRBY, MISS NETTIE	Graduate Hospital of Good Samaritan	2675 Lacy Street	Phone East 844
KENDALL, MISS MAUDE	Graduate California Hosp.	1507 S. Grand Ave	Blue 5184
KERNAGHAN, MISS	Graduate California Hosp.	1708 S. Grand Ave.	White 2801 Home 2265
LAWSON, MISS	Graduate Nurse.	112½ E. 10th.	Pico 2091
LEGGETT, MRS. F. M.	Graduate New Haven Training School.	436 S. Hill.	Main 1383
MILLER, MISS FLORENCE	Graduate California Hosp.	1145 S Olive St.	West 307
McNEA, MISS E.	Graduate Nurse	744 S. Hope St.	Red 4856
McCLINTOCK, MISS CLARICE ..	Graduate California Hosp.	1232 W. 9th St.	Black 511
OLSEN, MISS JOHANNA	Graduate Nurse	Hotel Johnson	Brown 1082
PURDUM, MISS	Graduate California Hosp.	1708 Grand Ave.	White 2801 Home 2265
POTSCHERNICK, MISS	Graduate California Hosp.	416 W. 6th	Main 2380
READ, BEATRICE	Graduate Fabiola Hospital, Oakland.	28 Temple.	Red 46
SIMPSON, MISS LILLIAN	Graduate California Hosp.	830 Moore St.	Jefferson 6392
SULLIVAN, MISS KATHERINE.	Gradua'e Nurse.	315 W. 6th.	Main 607
SAX, MISS.	Graduate California Hosp.	1708 Grand Ave.	White 2801 Home 2265
SERGEANT, MISS	Graduate California Hosp.	2808 S. Hope.	White 576
STANFIELD, MISS A. E. V.	Graduate California Hosp.	702 S. Grand Ave.	Jefferson 5376
SMITH, MISS E. G.	Graduate California Hosp.	249 W. 15th St.	White 4351
TOLLAN, MISS H.	Graduate California Hosp.	411 W. Second St.	Home 4735
WHEELER, MISS FANNIE A.	Graduate Hospital of Good Samaritan	222 South Reno St.	Main 1782
WILLIAMS, MISS CAROLYN	Graduate California Hosp.	Hotel Broadway.	South 136
WOOD, MISS A.	Graduate California Hosp.	1539 Shatto.	James 4391
WEED, MISS E.	Graduate California Hosp.	702 S. Grand Ave.	Jefferson 5376
WALLER, MISS	Graduate California Hosp.	423 S. Broadway	Tel. John 5637 Home 3776

NURSES' DIRECTORY—Continued

NAME	QUALIFICATION	STREET	TEL.
Male Nurses.			
HERBST, THOMAS C.....	Professional Male Nurse 20 years' experience.	Care F. J. Giese, 103 N. Main St.	St. Brown 310 Home 2147
HARDIN, F. S.....	Professional Masseuse. Massage under Physicians' directions, 10 years' experience.	1317 Georgia St. Pasadena Office 118 E. Colorado St. Tel. Black 606	White 4444
JONES, T. L.....	Professional Nurse and Masseur.	Y.M.C.A. R'm 23 209 S. Broadway.	Day, M 968. N'gt and Sun. M 809
TORREY, ROBERT S.....	Nurse.	259 Avenue 23.	Alta 11

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SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

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DR. F. M. POTTENGER, Asst. Editor.
DR. H. BERT ELLIS } Associate Editor
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EDITORIAL.

LOS ANGELES PHYSICIANS.

Los Angeles is unique in her doctors. First, there is a larger proportion of physicians in Los Angeles than in any other city in the world. This is due to the fact that three-fourths of the doctors in this city come here on account of their own health or the health of one or more members of their families. This, in itself, while it makes undue competition in the practice of medicine, is at the same time a great compliment to the climate of Southern California from those who ought to be best informed. A result of this unusual cause for the great number of practitioners in Los Angeles is that the average age is more advanced than in most cities; a great proportion of the practitioners who come here have already made their reputation in their profession, accumu-

lated a competence and reached beyond middle age.

Another result of this great number of practitioners here is that fees are unusually low. A physician who has accumulated considerable of this world's goods has a sick daughter. He thinks that he can settle down now and lead an easy life, and comes to Los Angeles for his child's health. After a while he becomes restless from having nothing to do and begins to do a little practice, and, of course, does not feel the pressure of necessity that would lead him to endeavor to make money out of his work. This, as you might call it, unnatural competition, makes it more difficult for a young practitioner here than in the average city or town. The profession in Los Angeles has a high standard, as a large number of its members have been

among the most prominent men in the United States before coming to Los Angeles.

Physicians who have been in all the prominent European hospitals come back saying that no better surgery is being done anywhere than can be seen in the hospitals here in our own city, and that nowhere had they seen the principles of surgical cleanliness more thoroughly carried out.

Another result of so many practitioners coming here after they have achieved success and reached middle age is that the average financial standing of Los Angeles physicians is above that of the profession in other cities.

In Los Angeles the medical profession has a medical college known as the Medical College of the University of Southern California. This institution has been established seventeen years and maintains an excellent reputation. Its students are given the same credit year for year in the medical colleges of this country, as well as in foreign countries, that the students of the medical colleges of Harvard, Jefferson, Rush, the University of Pennsylvania and our other most noted institutions receive. This college owns its buildings and equipment, and has an average attendance of about 125 students. One reason for its success is that a large percentage of its students are young men who have attended one, two or three years in the colleges of New York, Philadelphia, Boston and Chicago, and then found they were obliged to come to a milder climate to complete their course. This also tends to make the character of the student

body of a high class. J. P. Widney, A.M., M.D., who was the founder of this college and who had much to do with giving it its excellent reputation, is still a resident of Los Angeles, although he has retired from the active practice of medicine.

Los Angeles is noted for her hospitals.

The Los Angeles county hospital is a large, well conducted public institution with two hundred beds. The Sisters' hospital is a commodious and well equipped institution, and was the first hospital to be established in the city. It is built on an eminence that gives it a commanding place in the topography of our city. The Good Samaritan hospital, established by the Episcopal Church, has been in existence many years, and is under the special direction and protection of Rt. Rev. Joseph H. Johnson, bishop of Southern California. The German hospital is an institution of considerable magnitude recently established under the direction of the German branch of the Methodist Episcopal church. The Children's hospital has been established two or three years under a board of prominent women, and is doing a great deal of good.

Kaspere Cohn hospital, established out in the Angeleno Heights district, is supported almost wholly by contributions from the philanthropic Jews of Los Angeles. Owing its inception mainly to the generosity of Kaspere Cohn, one of the most benevolent as he is one of the most respected business men of the city, the hospital named in his honor has engaged in a field of en-

deavor that cannot be overworked. Opening its doors less than a year ago, already it has accomplished great good. Another worthy charitable hospital is the Barlow Sanatorium for indigent tuberculous patients, which owes its origin to the earnest efforts of Dr. Walter Jarvis Barlow, who has been untiring in his devotion to this practical philanthropy. Associated with him is a board of directors of five prominent men and women of Los Angeles, the official head being James S. Slau-son. The sanatorium buildings are ideally situated near Elysian Park.

Besides the above charitable institutions there are several private hospitals managed more as hotels, except that they are for the sick. The latest of these to be established is the Emergency hospital near the Southern Pacific depot. The Pacific hospital on Grand avenue is an elegantly equipped institution, which has for its president Dr. W. M. Lewis. The oldest of these private institutions is the California hospital at the corner of Fifteenth and Hope streets. This institution is owned and controlled by a stock company of about forty physicians. Its organization marked a new era in hospitals. It was the first hospital of any magnitude in the United States, established by the co-operation of physicians, to be controlled entirely by themselves. Connected with all these hospitals are training schools, in which there are steadily about 150 young women in training for nurses.

In conclusion, the reader can readily see that Los Angeles, medically considered, is well equipped, and it is also

a pleasure to say that the members of the medical profession in Los Angeles are unusually public spirited and take a prominent place in the various business, literary, religious, social, political and philanthropic movements. — *Evening Express.*

NU-SIGMA-NU BANQUET.

That flourishing Greek Letter Medical Fraternity, the Nu-Sigma-Nu, gave a most enjoyable banquet on December 6th at Levy's. They initiated Dr. Ross Moore and Superintendent D. C. Barber of the County Hospital; also Messrs. Putnam, Schrader, Sundan, Riggins, Thompson, Trvelyn and Brown. Dr. R. V. Day, of the Los Angeles Board of Health, was toast-master, and there were many felicitous speeches.

JUVENILE COURTS.

The juvenile courts are working a revolution for the betterment of mankind wherever they are being introduced. In Los Angeles, under Superior Judge Curtis Wilbur, the delinquent children are being carefully handled. Judge Wilbur has erudition, intelligence and conscience, and is peculiarly fitted for this work.

In *American Medicine* for November 28, Dr. Geo. M. Gould editorially says:

"The juvenile court and probation system for dealing with young and beginning criminals is attracting the attention of all devoted to social uplifting, and the prevention of crime. There is to be a special juvenile court exhibit at the St. Louis Exposition. The plan that is springing up in many American

cities is to save the young offender from drifting into a life of crime, by the probation system, the indeterminate sentence, the suspended sentence, discharge on parole, the segregation of confirmed criminals, and generally by educational influences and kindness. Judge Richard S. Tuthill, of Chicago, is the pioneer reformer in this work, and in four years some 1500 cases have been handled. In New York, during the last year, the following is the table summarizing and classifying the offences charged against children dealt with:

Offenses—	Boys	Girls
Disorderly conduct	167	3
Petit larceny	283	9
Grand larceny	83	..
Burglary	106	..
Unlawful entry	13	..
Begging	2	1
No proper guardianship	38	15
Assault	32	..

Offenses—	Boys	Girls
Indecent exposure	1	..
Robbery	14	..
Malicious mischief	8	..
Ungovernable	3	2
Disorderly children	73	12
Forgery	3	..
Carrying firearms	1	..

Disposition—	Boys	Girls
Sentence suspended	561	12
Committed for violation of parole	118	10
Discharged	28	10
Now on parole	128	8

The juvenile court of Denver is vividly described in *Charities* by a man one would like to know—Judge Ben B. Lindsay. He says that out of 1500

children brought before the court in three years no parent has objected to any disposition of such cases. There is now a programme mapped out with reference to child study and juvenile offenses, and methods of improvement which will take three or four years of earnest hard work to complete.

Judge Lindsay says:

The criminal court method of handling juvenile offenders used to cost our county an average of \$42 for each case handled in court, expenses, etc. It now costs about \$10. The criminal court convicted and sentenced nearly all for crime, and sentenced 75 per cent. to jails or reformatories. The juvenile court convicts no child for crime, and is compelled to send only about 5 per cent. of probationers to the Industrial School. It sends none to jail, and the Detention House will about abolish the jail for children. We spent about \$50,000 last year (not including, of course, the expense of the police department), for salaries and other similar expenses for officers to convict criminals. We spent practically nothing to save children, and the juvenile court, being already a civil court with officers provided, did not cost the county one cent additional. We now, however, recently have been given three probation officers at a cost of about \$4000 in salaries per year. It is also satisfying to know that the Governor of the State, in his last message to the assembly, called attention to the saving to Colorado in this court alone by the different method here employed in dealing with children, of over \$80,000 in cash. In addition to this, it may be

fairly urged that the saving to the school boards in postponing the necessity for a parental school three years ago, provided for by the legislature, will save equally as much. One hundred and fifty thousand dollars is no small item, but considering the far-reaching effects and influences of one wayward boy, and the awful expense which every State is under in punishing criminals, it demonstrates beyond any other incident, in my own experience at least, in our own jurisdiction, that it really is wiser and less expensive to save children than to punish criminals."

THE SOUTHERN CALIFORNIA ANTI-TUBERCULOSIS LEAGUE.

This organization is now one year old, and held its annual meeting at Redlands, Tuesday evening, December 1. The following report will demonstrate that it is arousing interest, making friends and accomplishing good.

Mr. J. B. Glover, Redlands, a member of the Board of Supervisors of San Bernardino County, acted as chairman. He thought the meeting of a society whose members had only the good of their fellow-men at heart would be appropriately opened by singing the hymn "Blest Be the Tie That Binds." This was followed by prayer by Rev. W. G. Conley, Redlands.

Dr. F. M. Pottenger, president of the league, spoke of the importance of the work this and similar organizations are doing. The United States sacrifices 150,000 lives, and the world loses 2,000,000 of its people every year from tuberculosis, a disease which is preventa-

ble. The loss of life is due to ignorance and carelessness, both of which the league strives to combat.

The league is in need of members who are interested and anxious to see this disease stamped out. It is also in need of funds to carry on its work. It has just prepared and published one twelve-page pamphlet on "Things the Laity Should Know About Consumption," and a brief circular of "Instructions to Those Afflicted With Consumption." These are for free distribution and can be had for the asking. He praised the action of the Board of Supervisors of San Bernardino and Riverside counties in aiding in the distribution of this literature, both boards having purchased and agreed to distribute in their respective counties 5000 of the large circular and 10,000 of the small one. He hoped that the Los Angeles County Board would do the same. Such work cannot help doing good. If it saves one person from infection and becoming a charge upon the county; it will save several times the money invested.

He spoke of the work outlined for the winter, and said that the league stands ready to furnish lectures on the prevention of consumption to any organization applying. The league is growing continually in numbers and power, and it is believed that it will not be long until its power for good will be felt in Southern California.

Dr. C. C. Browning, Highland, read a paper on "The Prevention of Tuberculosis in Children."* (See page 14 of this issue.) Dr. N. K. Foster, secretary of the State Board of Health, commended

the work and said that the North should be grateful to the South for having inaugurated a movement which was of the greatest value to the whole state. The reports as they came to him from the different sections were appalling. While in the East the death rate from this cause is diminishing, here it is increasing. He regretted that the State Board of Health was unable to assist directly, for the law would not permit any appropriation from their fund to an outside organization, however worthy its object. He hoped the law would sometime be different, for every member of the board was in sympathy with the work, and would be glad to co-operate with the league.

Mr. Field spoke from an experience in sanatoriums in the Adirondacks, the South and West. He praised the rigid sanitation of the sanatorium, and considered it the safest place one could be in; not one of the doctors or attendants in the Adirondack sanatorium had ever contracted tuberculosis. It was considered criminal to expectorate on the grounds, and so firmly was this idea fixed that even in riding through the country these patients would never think of doing so, for even there a barefooted child might receive the infection through a scratch or by other means.

The patient in coming to California should be instructed how to make the most of the climate, and be disabused of the idea that mere presence here is all that is necessary.

Mr. Glover said that next to the physician the supervisors came in touch with the misfortunes of the tuberculous. He had been glad to learn that there

was such an organization as this and felt that their board had never spent money to better advantage than in supplying literature to educate the public as to the prevention of tuberculosis. The supervisors favored all efforts directed toward the control of this disease, and are now contributing \$50 a month to Trinity Settlement.

Choice vocal selections rendered by Miss Mary Edith Gowans added to the pleasure of the evening.

Trinity Settlement referred to by Mr. Glover consists of a number of tent-houses situated in a sheltered part of the valley just out of Redlands. It was started two years ago by Mr. H. B. Ely of Redlands, and is maintained by him and other private contributors for the consumptive poor. This is a charity which works in two ways, for while it provides a comfortable place for the patient, it also protects Redlands by taking them from the streets and poor lodging-houses where they are a menace to all about them. Here they are trained to take care of themselves and to protect others from infection. Other communities may well profit by Redlands' example.

R. T. B.

LOS ANGELES COUNTY MEDICAL ASS'N.

At the last meeting of this society in December, the following officers were elected: President, W. W. Beckett; Secretary, Jos. King; Treas., John C. Ferbert; Trustees, Geo. L. Cole, 2 years; H. Bert Ellis, 1 year, and J. H. Seymour, 3 years; Councillors, W. J. Barlow, 3 years; H. G. Brainerd, 2 years; E. A. Follansbee, 1 year; C. G. Stivers, 3 years; F. D. Bullard, 1 year; E. W.

Fleming, 3 years; Joseph Kurtz, 1 year; E. R. Smith, 2 years, and W. L. Wills, 2 years. Membership Committee, L. M. Powers, chairman, 3 years; Walter Lindley, 2 years, and B. F. Church, 1 year. Medico-Legal Committee, W. W. Hitchcock, chairman, 1 year; F. C. E. Mattison, 2 years, and W. M. Lewis, 3 years.

This will give the society an excellent administration for the ensuing year. The Councillors and the Membership Committee and the Medico-Legal Committee are all taking hold of their work with enthusiasm. Dr. W. W. Beckett and Dr. Joseph King are both able and conscientious and painstaking. The past year, under the administration of Dr. Rose Bullard, has been the most prosperous of the society. All womankind can well feel proud of the record Dr. Bullard has made, and we do not see why all mankind cannot feel proud also.

UNIVERSITY OF PENNSYLVANIA FOOTBALL.

Office of Guy Hinsdale, M.D., 3943 Chestnut st., Philadelphia.

Editor Southern California Practitioner: I notice on page 545 of the Southern California Practitioner your statement that Mr. Arthur Tipton was "in the great football team of West Point which recently did up the University of Pennsylvania." Permit me to say that these two teams did not meet during the past season, except as the University of Pennsylvania entertained the Army and Navy academies in their annual game on Franklin Field. The University divided the tickets for the game, giving one-third to the army, one-third to the navy and disposing of their own portion at private sale, which

netted over \$18,000. This was donated for the benefit of the widows and orphans of deceased army and navy officers. It is expected, in case the two academies meet again on Franklin Field, that they will also dispose of their allotments by sale, and that the entire proceeds, about \$50,000, will be added to this charitable fund. This act on the part of the University of Pennsylvania has started an organized movement in navy circles for a charitable organization similar to that which has been in operation in connection with the army.

With regards, I am very truly yours,
GUY HINSDALE.

Philadelphia, January 5, 1904.

BIND THE PRACTITIONER.

Every physician who has had the Practitioner bound has in his library a concise and interesting history of the development of the medical profession of this section of the United States for the last twenty years. It costs very little to have this journal bound, and no one will ever regret placing it permanently upon his shelves. The journal also contains a vast amount of excellent reference material. Many of the papers every year are quoted in almost all of the eastern journals. There is one party who wants to get all of the numbers of volume V of the Southern California Practitioner, and if any person will send that to this office he will receive the journal for 1904 and 1905 in return.

EDITORIAL NOTES.

Dr. H. Hughart has located in Tombstone, Arizona.

Dr. P. G. Cotter, formerly of Arizona, has located in Los Angeles.

Dr. S. R. Ketcham of Philadelphia has located in Redlands.

Dr. E. M. Fisher, formerly of Gainesville, has located in Roswell, New Mexico.

Dr. A. M. Bennett of San Bernardino has recently returned from a few weeks' stay in San Francisco.

Dr. J. K. McDonnell contemplates building a large hospital at Crown King, Arizona.

Dr. J. R. Doig of Russell, Kansas, is visiting his brother, Dr. R. L. Doig, in San Diego.

Dr. E. B. Shaw, of Las Vegas, N. M., recently spent several weeks taking a post-graduate course in New York City.

On December 4th, the handsome residence of Dr. J. R. Wall of Prescott, Arizona, was entirely destroyed by fire.

Dr. Robert Legge and bride, of McCloud, Cal., have been spending a fortnight at the Hotel del Coronado.

Dr. W. C. Bedford, of Tombstone, Ariz., has returned from a two weeks' visit to Quaymus, N. M.

Dr. C. W. Hotchkiss, of Alamogordo, N. M., has recently been spending a few days in Santa Fe.

Dr. Frank P. Whitehill, of Silver City, N. M., has been spending some time in Chicago.

Dr. Dudley Tait of San Francisco was recently the guest of Dr. LeMoynes Wills in Los Angeles.

Dr. C. C. Warner, formerly of San Francisco, has located at Astancia, New Mexico.

Dr. E. H. Woolsey of Oakland recently spent a few days visiting in Los Angeles.

Dr. Harry B. Reynolds, a well-known physician of San Francisco, has been visiting friends in Los Angeles.

Dr. Walter Stapley of San Dimas has been appointed County Health Officer of that district.

Idyllwild is being kept open the year round, and a first-class table will be set throughout the winter. There are now about twenty-three persons there.

Dr. P. M. Carrington, surgeon in charge of the Ft. Stanton Sanatorium, says that he has 180 patients in that institution.

Dr. H. A. Johnston of Anaheim was recently seriously injured by his horse running away. At last account he was steadily improving.

Dr. F. M. Pottenger has opened his new Sanatorium at Monrovia, and is already receiving a very satisfactory patronage.

Dr. Robert O. Moody, one of the faculty of the Medical College of the State University, spent his holidays in Pasadena.

Dr. J. C. Hearne, of San Diego, now contemplates building a three-story hospital at the corner of Fifth and Ash streets, in that city.

Dr. R. D. Potts of Hueneme has opened offices at Oxnard, and will spend a part of his time every day at that very flourishing young city.

It is said that Dr. R. V. Day, formerly a member of the City Board of Health of Los Angeles, will be appointed City Chemist. This position pays \$1800 per year.

Dr. Lewis Dysart of Bisbee was recently married to Miss Mabel Lakin Palmer, at her home in Bloomfield, Iowa. Dr. Dysart is one of the company doctors of the Copper Queen.

Owing to an excess of professional work, Dr. J. W. Wood has resigned his position as surgeon for the Salt Lake road, and Dr. Donnell has been elected to succeed him.

Dr. P. C. Remondino of San Diego recently received an importation of 1600 volumes from Paris. The doctor already had a very large library, and this recent addition makes it remarkably complete.

Drs. Johnson & Hadley of Whittier have dissolved partnership. Dr. Johnson will devote himself to the treatment of the eye, ear, nose and throat, while Dr. Hadley will continue in general practice.

Dr. Wm. L. Zuill and wife, of Pasadena, were recently knocked down by a runaway team. Both were seriously bruised, and Mrs. Zuill suffered a scalp wound and a fracture of two of her ribs.

Dr. Robert A. Campbell, formerly of Ontario, is now in New York taking a post-graduate course. On his return he will locate in Los Angeles and be associated with Dr. S. S. Salisbury in the Bradbury Building.

The Antikamnia Company has issued its calendar for 1904. It is entitled, "Confidence." It is a beautiful thing, and if any physician fails to receive a copy he can secure one by addressing the Antikamnia Company, 1622 Pine street, St. Louis, Mo.

We are glad again to call attention to the clubbing offer of the *Atlantic Monthly* and the *Critic*. These are the two best journals of a literary type to be had in the United States. They are both intensely interesting, elevating and educational. We can save you \$2.00 by subscribing through the Practitioner.

Dr. Jerome Anderson of San Francisco died on Christmas day. He was 56 years old, and a graduate of the Medical Department of the University of California. He had practiced medicine in San Francisco for the last twenty-five years. He was peculiarly famous through his advocacy of Theosophy.

The Bernalillo County Medical Association recently held a very enthusiastic meeting in Albuquerque, and elected Dr. B. G. Karnes, President; Dr. J. B. Cutter, Vice-President; Dr. G. H. Fitzgerald, Second Vice-President; Dr. P. G. Cornish, Secretary, and Dr. Iligio

Osuna, Treasurer. Drs. J. H. Wroth, J. F. Pearce and J. W. Elder were elected as an Executive Committee.

Dr. Samuel D. Coffin, of Whittier, father of Dr. Wm. V. Coffin, died December 25th. Dr. Coffin was seventy-eight years of age. Was one year a student at the Jefferson Medical College, but graduated at the Miami Medical College of Cincinnati. He was a man of high standing in the community where he lived, but had retired from practice several years ago.

"The Life and Health of Our Girls in Relation to Their Future," is the title of a very interesting paper by James H. McBride, M.D., of Los Angeles. This paper was read before the American Academy of Medicine, Washington, D. C., May 11th, 1903, and was published in the *Bulletin* of the American Academy of Medicine. It is a very forceful statement on an important living question.

We regret to hear that Dr. A. S. Parker, of Riverside, while driving his automobile, containing his wife and two children, ran at full speed into a bridge and made a wreck of his machine. He and the children escaped comparatively uninjured, but his wife was rendered unconscious. She was taken to the City Hospital, but in a few hours she recovered and was able to be taken home. According to the latest information she was suffering from a severe nervous shock.

We have received reprints as follows: "General Surgical Anesthesia," read at the fifty-fourth annual session of the American Medical Association, in the Section of Surgery and Anatomy, and approved for publication by the Executive Committee—Drs. A. J. Ochsner, J. E. Moore and DeForest Willard, by Ernest J. Mellish, M.D., El Paso, Texas. This is a very complete and valuable monograph on this subject, and can be read with advantage by every anesthetist. Another reprint is "Non-

Operative Treatment of Acute Appendicitis by the Ochsner Method," that is, by exclusive rectal alimentation, by Ernest L. Mellish, M.D., El Paso, Texas. Both of these reprints can be secured by writing to the author.

Dr. Henry B. Dunham, resident physician at the Massachusetts State Sanatorium for the Tuberculous at Rutland, has been recently paying a visit to Southern California. While here he visited the Barlow Sanatorium for the Tuberculous, and received such social attentions from the members of the profession as his brief time would permit. One of the pleasantest affairs was a luncheon, given him at the California Club by Dr. Norman Bridge. He brought greetings to many professional friends from Dr. Albert C. Getchel of Worcester, Mass., who is the president of the Board of Trustees, and from Dr. Vincent Y. Bowditch of Boston, who is the chief visiting physician. The report of the State Sanatorium at Rutland which has just been issued, gives some interesting data as to this very important work.

Dr. E. S. Goodhue, of Koloa Kauai, H. I., writes that after being four years at work professionally on the islands without a day's rest, he is going away for a few months' vacation. He says he will first touch the dearest and best land, California; then go to London and Liverpool and take up tropical diseases. He will also go to Copenhagen and look into Finsen's method. He says he believes all of the medical colleges will soon have to have a department in tropical diseases. There is already such a school in Bordeaux, one in Utrecht, two in England, and Jefferson Medical College has arranged for a chair on that subject, beginning with next year. His brother, W. J. Goodhue, who is the government physician on the island of Molokai, gives encouraging reports of the treatment of leprosy with cacodylate of sodium.

The Territorial Board of Health of New Mexico recently held a two days' session in the city of Santa Fe. The following-named physicians were granted licenses in that Territory: R. L. Boatman, Carlsbad; Frank P. Whitehill, Silver City; George H. Bacon, San Antonio; Lloyd H. Richards, San Marcial; C. M. Mayes, Roswell; S. L. Williams, Carlsbad; Frank W. Wood, Albuquerque; W. C. Buchly, Roswell; Carl Leffoige, Springer; U. Smith, Albuquerque; M. K. Wylder, Albuquerque; D. O. Norton, Bernalillo; Maud Garrett, Elizabethtown; H. Walker, Hutchins, Dawson; R. T. Edson, Roswell; L. Bohlinger, Fort Bayard; P. W. McConnell, Las Vegas; S. B. Prott, Deming; S. J. Fuller, Capitan; E. E. Selleck, Santa Rita, and S. A. Milliken, Silver City. Dr. McLandress of Albuquerque, and Dr. Yoakum of Cerrillos, also passed successful examinations and were granted certificates to practice medicine.

On January 27th and 28th the U. S. Civil Service Commission will hold an examination in Los Angeles and San Francisco to fill vacancies in the position of physicians in the Philippine service at salaries ranging from \$1200 to \$1800 per annum. The examination will consist of the subjects mentioned below, which will be weighted as follows:

Subjects— Weights.

1. Letter-writing	5
2. Anatomy and physiology.....	10
3. Chemistry and materia medica....	10
4. Surgery and surgical pathology...	20
5. Practice and special pathology....	20
6. Bacteriology and hygiene.....	15
7. Obstetrics and gynecology.....	10
8. Experience (rated on application).	10
Total	100

Questions on the fifth subject will be principally upon tropical diseases. In the sixth subject, the principles of bacteriology and hygiene as applied to the study of and prophylaxis in diseases in-

cident to the tropics will be especially considered. At least one year's experience in hospital work, or in the Philippine Islands as assistant surgeon in the United States Army, is prerequisite.

The Germans are preparing to have hospitals in Los Angeles to their hearts' content. The first of January will witness the opening of a German Deaconess Hospital under the auspices of the Methodist Episcopal Church, at 447 South Olive street. This was made possible by Carl Zahn, a prominent member of the German Methodist Episcopal Church, who died a few years ago bequeathing \$17,000 towards this object. The building will cost about

\$50,000, and will be under the medical leadership of Dr. O. C. Welbourne, a prominent eclectic physician who has chosen his associates from that school.

Aside from this the Los Angeles German Hospital Society is another association of Germans who have received a bequest of over \$20,000 from an old-time German resident of Los Angeles, Max Werner. This society, besides this fund, has an elegant building site in Boyle Heights, Los Angeles, all paid for. Dr. Joseph Kurtz, the well known surgeon, is the president of this society, and Rev. C. L. Scholz and others form the board of directors.

BOOK REVIEWS.

A REFERENCE HANDBOOK OF THE MEDICAL SCIENCES. — Embracing the entire range of Scientific and Practical Medicine and Allied Sciences. By various writers. A new edition completely revised and rewritten. Edited by Albert H. Buck, M.D., New York City. Volume VII. Illustrated by numerous chromo-lithographs and 688 half-tone and wood engravings. Sold by subscription at the following prices: In extra English muslin binding, per volume, \$7; in brown leather, raised bands, per volume, \$8; in extra Turkey Morocco, English, cloth size, per volume, \$9. New York: William Wood & Co. 1904.

The first volume of this monumental work was reviewed in the *Southern California Practitioner* in November, 1900, and from time to time these magnificent books have issued from the well-known press of Wm. Wood & Co. As we have said before, the work is to be composed of nine volumes, which leaves two yet to be issued. There are most excellent articles, which are really treatises, on scarlet fever and various other subjects which come under the letters which this volume represents. The chapter on "Sex and Sexual Organs" is by Edward L. Keyes, Jr., of New York, and covers fifty pages that are intensely interesting as well as instructive. There are a number of articles on cities like San

Remo, Italy, by that well-known climatologist, Edward O. Otis. Santa Barbara is described by Dr. Wm. H. Flint, while Catalina Island is very satisfactorily described in an illustrated article by Dr. Otis. From cover to cover this work contains just what the physician must have in a reference library.

A NARRATIVE OF MEDICINE IN AMERICA by James Gregory Munford, M.D., assistant visiting surgeon to the Massachusetts General Hospital and instructor in surgery in the Harvard Medical School. J. B. Lippincott Company, 1903. Philadelphia and London.

This volume has a delightful literary flavor about it. The whole story is told in a most entertaining manner, and contains a great deal of valuable historic data. The section on Benjamin Rush is especially interesting. Wendell Phillips had a lecture which he delivered over two thousand times, entitled, "The Lost Arts," which showed the people of his day that about everything good they had could be traced to centuries before. So, in this narrative, we see that the physicians of the earliest days were throwing safeguards around the profession and urging examinations and other things to maintain the standard.

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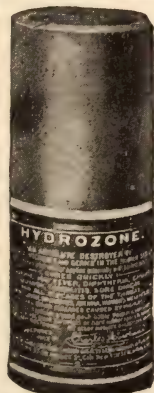
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Names of doctors omitted for Ethical reasons.

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In 1808 the Massachusetts Medical Society, before issuing a certificate authorizing a man to practice medicine in that State, required that the candidate be examined, and that he must have studied the following works: Anatomy: Cheselden and the Edinburgh system. Physiology: Haller, Blumenbach, Boerhaave, and Cullen. Chemistry: Chaptal and Woodhouse. Materia Medica and Pharmacy: Duncan's Dispensatory; Massachusetts Pharmacopœia; Lewis or Murray's and Cullen's Materia Medica. Surgery: Benjamin Bell's system; ditto on Ulcers and on Lues Venerea; John Hunter on Lues Venerea; ditto on the Blood and on Gunshot Wounds; Desault or Boyer on the Diseases of the Bones. Obstetrics: Burn's Anatomy of the Gravid Uterus; on Abortion, Denman or Smellie. Pathology and Therapeutics: Cullen's First Lines and Nosology; Darwin's Zoonomia; Van Swieten's Commentaries; Sydenham by Wallis; Jackson on Fevers; Rush's works; Saunders on the Liver; Currie on Waters; Underwood on the Diseases of Children; Pemberton on Diseases of the Abdominal Viscera. But back of that, in 1665, in the Massachusetts colony, in what was called "The Duke of York's Laws," there was the following very important paragraph:

"It is therefore ordered that no person or persons whatsoever, employed at

any time about the bodies of men, women or children for the preservation of life or health; as Chirurgeons, Midwives, Physicians or others, presume to exercise or put forth any act contrary to the known approved Rules of Art, in each Mystery and Occupation, nor exercise any force, violence or cruelty upon or towards the body of any, whether young or old, (no, not in the most difficult and desperate cases,) without the advice and consent of such as are skillful in the same Art (if such may be had,) or at least of some of the wisest and gravest then present, and the consent of the patient or patients if they be mentis compotes, much less contrary to such advice and consent. Upon such severe punishment as the nature of the fact may deserve; which law nevertheless is not intended to discourage any from all lawful use of their skill, but rather to encourage and direct them in the right use thereof, and to inhibit and restrain the presumptuous arrogance of such as through presidence of their own skill or any other sinister respects, dare boldly attempt to exercise any violence upon or towards the bodies of the young or old, one or the other, to the prejudice or hazard of the life or limbs of man, woman or child."

This attractive volume will be a source of pleasure to any physician who may be fortunate enough to own it.

THERAPEUTICAL HINTS.

"A canner, exceedingly canny,
One morning remarked to his granny,
'A canner can can
Anything that he can;
But a canner can't can a can, can he?'"
—*Carolyn Wells.*

Dr. John F. Neal reports a marked case of ulcer of the stomach with hæmatemesis entirely cured by a few weeks' use of Echthol.

Dr. Josef Imre, the noted Austrian ophthalmologist, reports almost miraculous results from the use of sublimine in suppurative conjunctivitis. In gonorrheal conjunctivitis particularly, sublimine 1 to 1000 is indicated. In an epidemic where 450 children had ringworm of the scalp, Dr. Gottheil and Dr. Geo. H. Fox used sublimine most successfully in the strength of 1 to 1000.

The Arlington Chemical Company of Yonkers, N. Y., the manufacturers of Liquid Peptonoids, has issued some colored plates showing the varying conditions of Peyer's Patches during an attack of typhoid fever. They are worthy of study and will be sent to any physician on receipt of postal card.

SICK ROOM IN WINTER—In rooms heated by a furnace where there is sickness, Dr. Leroy M. Yale of New York advises that the hot air should be made to pass over water to which some Platt's chlorides has been added, and a towel moistened with Platt's chlorides kept over the register. When heated by a stove or open grate a basin containing Platt's chlorides mixed with ten parts of water should be placed near the fire, and a towel occasionally moistened in this kept suspended in the room.

Dr. Louis J. Gravel, of the Hotel Dieu Hospital, Montreal, claims that the term dysemia should be used instead of anemia. As a remedy for bad blood — dysemia — he enthusiastically recommends Gude's Pepto-Mangan.

GESTATION—Accidents Prevented. The rule of many physicians is to administer Dioviburnia in teaspoonful doses, four times a day, one week before the time for periods, during the last three months of gestation. Experience has convinced them that Dioviburnia not only prevents miscarriage, but also facilitates parturition. To obtain satisfactory results, great care should be taken to *avoid substitution*.

PALATABLE YET EFFECTUAL. There is a wide spread belief that phy-

sicians as a rule consider well-founded that cod liver oil is not only a remedy of decided power, but a food of very high value. Every physician knows, however, that a very large number of patients who should and doubtless would, get much good from it, cannot, or will not take it. This is largely due to the fact that the ordinary preparations are so nauseating as to cause serious digestive disturbances, while in many cases the stomach will not even retain them. It is notorious that the so-called "tasteless" preparations are indeed tasteless because they contain no cod liver oil, but there is a preparation that contains all the potent elements of cod liver oil in a form pleasant to the taste and agreeable to the weakest stomach. We refer to Hagee's Cordial of Cod Liver Oil with Hypophosphites of Lime and Soda. Eminent physicians pronounce it a triumph in modern chemistry, and prescribe it when cod liver oil treatment is indicated. In our hands results with it have been most satisfactory. — *Massachusetts Medical Journal*.

Dr. E. G. Evans, in the *Medical and Surgical Bulletin*, reports the best results in treating acute articular rheumatism with equal parts of salol and antikamnia.

In rigid os and tardy labor, Hayden's Viburnum Compound works like a charm. Try and be a benefactor to the suffering woman.

Collargolum intravenously administered in puerperal fever is recommended by Prof. Fehling of the Strasburg University.

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NO. 2

DR. WALTER LINDLEY, Editor.
DR. F. M. POTTENGER, Asst. Editor.
DR. H. BERT ELLIS, Associate Editors.
DR. GEO. L. COLE

RACE CONSERVATION.*

BY ROSE TALBOTT BULLARD, M. D., LOS ANGELES, CAL.

Of every species it is undeniable that individuals which die must be replaced by new individuals or the species as a whole must die. No less obvious is it that if the death rate in a species is high, the rate of multiplication must be high and conversely.

Low creatures having small powers of meeting the life-destroying activities around, and still smaller powers of protecting progeny, can maintain their kind only if the mature individual produces the germs of new individuals in immense numbers; so that, unprotected and defenseless as the germs are, one or two may escape destruction. Among the microscopic protozoa, after a few hours of independent existence each individual is sacrificed in producing two new individuals; here the parental life, extremely brief, disappears absolutely in the lives of the progeny. In the lower types we have the subordination of either the adult or young to the interests of the species.

In the highest class of vertebrates, the mammalia, we see a general advance in the conciliation of the interests of the species, the parents and the young; and

we also see it within the class itself on ascending from its lower to its higher types.

A SMALL RODENT reaches maturity in a few months; and, producing large and frequent broods, soon dies. There is but a short early period during which the female lives for herself, and she mostly loses life before the reproductive age is past, thus having no latter days unburdened by offspring. At the other extreme,

THE ELEPHANT passes 20 or 30 years in individual development and activity; the tax of bearing offspring, relatively few and at long intervals, subordinates in but a moderate degree the life of the adult female, and though we have no accurate knowledge we may infer that she usually enjoys a closing series of many years. In proportion as organisms become higher, they are individually less sacrificed to the maintenance of the species; and the implication is that in the highest type of man this sacrifice falls to a minimum.

We may then conclude that the highest constitution of the family is reached

*Delivered before the Los Angeles County Medical Association at the Presidential address, January, 1904.

when there is such conciliation between the needs of society and those of its members, old and young, that the mortality between birth and the reproductive age falls to a minimum, while the lives of adults have their subordination to the rearing of children reduced to the smallest possible. The diminution of this subordination takes place in three ways; first, by elongation, of that period which precedes reproduction; second, by

DECREASE IN THE NUMBER

of children born, as well as by increase of the pleasure taken in care of them; and, third, by lengthening of the life which follows cessation of reproduction.

Human races of the lower type, as compared with the higher, show us a greater sacrifice of the adult individual to the species; alike in the brevity of that stage which precedes reproduction, in the relatively heavy tax entailed by the rearing of children under the conditions of savage life, and in the abridgment of the period that follows; women, especially, early bearing children and exhausted by the toils of maternity, having a premature old age soon cut short. In superior types of family, juvenile life is less sacrificed; infanticide, which in the poverty-stricken groups of primitive men is dictated by the necessity of social self-preservation, becomes rarer; and mortality of offspring otherwise caused lessens at the same time. Further, along with decreasing sacrifice of adult life there goes increasing compensation for the sacrifice that has to be made; more prolonged and higher pleasures are taken in rearing progeny, and the interest in the welfare of sons and daughters extends throughout parental life. The care of parents by offspring, a factor feeble in the primitive family and gaining strength as the family develops, serves in another way to lessen the sacrifice of the individual to the species and begins contrariwise to make the species conduce to the more prolonged life of the individual.

Public opinion has denounced the TENDENCY TOWARD INDIVIDUALISM

which prevents adults from sacrificing their comfort to the rearing of numerous offspring. These selections from the late Herbert Spencer's "Sociology" demonstrate that the ascendancy of the individual is the natural trend of evolution.

It has been said with implied reprobation that "family shrinkage is due, as plainly expressed and openly advocated by many, to the desire to have no children, or only such a number as husband and wife believe in their wisdom suitable and adopted to their ideals of comfort and supposed financial possibilities." This growing custom is more worthy of praise than condemnation, for common sense teaches that the parents are the best judges of their capabilities. We deplore

THE CHILDLESS FAMILY,

but equally commiserate the parents with so many children that, even after denying themselves all pleasures, they are still unable to properly provide for and educate them. The parents who raise two, three or four children are doing all that ought to be expected of them, and, in many cases, a little more.

Since war, famine and pestilence do not claim their victims as formerly, there is less need of the large family. It was the condition of the United States and China of five or more children to the family which Malthus used at the end of the eighteenth century as a basis for his theories of superfecundation and the fear of over-population of the earth's surface.

The late Dr. Engleman, in a paper, "Education Not the Cause of Race Decline," gives the following statistics of the average number of children to the family:

	All born.	Surv. living.	Death rate.
College graduates (3015)	2.34	2.1	10.
Population (native born, of Mass.)	261	1.92	28.5
Foreign born	4.53	3.01	33.4

An average of 2.1 surviving children of the graduate family, compared with 1.9 for the native born, tells us plainly that contrary to theory and supposition higher education does not mean diminished reproduction; the wealthy and leisure class do less toward reproducing themselves than does the population at large; the highly-educated male does more. The foreign-born, with a birth rate of 4.53, brings up the average, but with a death rate of 33.4 per cent. of the surviving family numbers only 3.1. In the less-intelligent part of the population we see the

GREAT WASTE OF LIFE.

If our death rate among children can be kept down to 10 per cent. of that of the higher educated family, and if our immigrant population is so controlled as to keep out the undesirable elements (we are none of us many generations removed from the foreign born,) there will be little to fear of the demoralization of the country.

The real object of this paper, to call attention to the many ways in which life may be conserved, was suggested by this remark by Dr. Chas. G. Kerley of New York, in a discussion on infant feeding at the A.M.A. in New Orleans: "How ridiculous for men in exalted positions in church and state to become hysterical over race suicide and small families, when no effort whatever is made officially to preserve the lives of the children already here."

If we are to have a lowered death rate we must begin with a good heredity. Laws have been passed in some States requiring a certificate of health before a marriage license will be granted. Much can be done by educating public opinion against the marriage of the

tuberculous, confirmed neurasthenics or syphilitics, but the imbecile, insane and habitual criminal should not only be restricted from marriage, but should also be asexualized, to prevent the continuance of a race of degenerates, dependents and criminals.

The pregnant woman should have nourishing diet, outdoor exercise and freedom from anxiety or exhausting labor. She should place herself at once under the care of a physician, both for her own sake and that of her child. Systematic education and training of women in the care and feeding of children is being carried on in New York, Philadelphia and Chicago, by lectures, distribution of tracts and direct instruction by physicians and nurses. The Chicago Board of Health attributes the decrease of infant mortality there largely to the growing intelligence of the mothers.

"The infant being born it is of the utmost importance that it shall receive the mother's milk. Of 1943 fatal cases of diarrhœa collected by Holt, only 3 per cent. had the breast exclusively. A disputant in a recent discussion said that "if in the next ten years mothers could be educated to nourish their babies as nature intended, it would probably add more to the saving of infant life than anything else." While recognizing the failure of many women to nurse their children, we resent the implication that it is from choice. This charge is not infrequent, a particularly virulent instance being in the bulletin of the health department of the District of Columbia: "Much has been heard recently of 'race suicide.' Alongside of that term has recently been placed another

"RACE MURDER."

coined to describe the so prevalent destruction of human offspring through the unwillingness of mothers to nurse their infants." Others are more just. One writes: "Every journal reminds us of excessive infant mortality due to

artificial feeding. The mother is charged with contributing to the death of her child, and no excuse is made for the large number of women who find it impossible to continue nursing, and who resort to artificial feeding on the advice of their physician. The blame lies there. Do not give up the mother's milk, but have her drink milk." Dr. Kerley says he has never known a mother, no matter what the station in life, who was not willing to nurse her child if she could. The mistake among the better classes is in making nursing a burdensome matter, and it is likely to be a failure. He allows the baby one bottle a day, which enables the mother to secure needed recreation, outdoor exercise and entertainment; in this way more of them are able to nurse their children and nurse them longer. He knew of no specific medication of value; good food, fresh air, absence of worry, exercise and attention to bowels ordinarily answer.

More attention should be paid to
MIXED FEEDING.

If the mother's milk is scanty, supplement it by bottle feeding. The little that she has is that much gain to the child, and may be just what is needed to tide it over some acute illness.

If we must resort to artificial feeding, fresh, clean cow's milk, from a healthy herd, when properly modified, is the best substitute for mother's milk. It is important to note how methods of milk sanitation have changed in recent years, owing to our increased knowledge chiefly brought about by the science of bacteriology. Formerly our efforts were directed to obtain a milk supply which should not fall below a certain standard of composition; now our best efforts are directed to the production of *clean* milk; that is, free from excessive non-pathogenic bacteria and entirely free from pathogenic germs. This is being attained by sanitary location and proper construction of cow stables, and milk-

houses, the grooming of the cows, the sterilization of all vessels, and the personal cleanliness of the milkers and other attendants. Variations in the purity of the milk will occur according to the refinement of detail in carrying out these general principles, and may be accurately estimated by microscopic examination showing the number of bacteria to the c. c. of milk. An impure milk soon deteriorates and produces those products of bacterial growth, toxins, etc., which are so injurious to the infant. Through careless handling of milk, such infectious diseases as typhoid fever, scarlet fever, diphtheria, etc., are spread.

Efficient rules governing the inspection and regulating the sanitary condition of dairies and milk depots have been adopted by the Los Angeles Board of Health, and the milk inspectors are on the alert to see that the recommendations are carried out as closely as possible. A record of every dairy supplying milk to the city, giving the butter fat, the proportion of solids and water in the milk, together with a report of its sanitary condition, is open to the public at the Health Office. After January 1, the bacteriologic examinations will also be recorded. The family physician should avail himself of this information, that he may be in a position to recommend

THE BEST MILK.

To encourage bringing the milk up to a higher standard, in some of the eastern cities milk commissions have been appointed from the County Medical societies, which authorize dairies to use the label, "certified milk," after their dairies have been inspected by a veterinarian, their milk subjected to chemist and bacteriologic examination and found to come up to the requirements of the committee; the dairies are subject to periodic inspection and tests. Such milk properly commands a higher price and its use is being extended; reports

from these cities show greatly decreased infant mortality. The consensus of opinion of those who have made a specialty of infant feeding is in favor of raw milk, and this makes it the more imperative that it shall be free from all germs.

That some connection between outbreaks of disease and the character of the drinking water existed was seen darkly all through the middle ages, but the groping speculation only led to the hypothesis that the "Jews had poisoned the wells." The Jews escaped with a less percentage of disease than did the Christians in the great plague periods, doubtless due in some measure to their remarkable sanitary system, but the public at large could not understand so simple a cause and jumped to the conclusion that their immunity resulted from protection by Satan, and that their protection was repaid by wholesale poisoning of Christians. As a result, there were extensive burnings of these people; in Bavaria, at the time of the Black Death, it is computed that 12,000 Jews thus perished. It was not until 1854 that the outbreak of cholera in London among the users of water from the "Broad-street pump," established definitely in the minds of physicians the truth that the specific poison of Asiatic cholera could be conveyed by means of infected drinking water. Some years later a similar conviction was reached regarding typhoid fever. The wells, contaminated by surface drainage, were responsible for many epidemics.

The introduction of public water supplies lessened the danger to a considerable extent, but if the supply did become infected, the germs were distributed among much wider circles. This turned attention to the supervision and control of the public water supply. There is probably no question so important as that of the results accomplished by filtration in the reduction of water-borne diseases. Bacteriologic examinations be-

fore and after the filtration have demonstrated its efficiency, and the statistics of decreased mortality from typhoid fever after filtration plants have been established are even more convincing. Committees throw aside the question of filtered water as too expensive, but it is exceedingly small compared with the cost of the sickness and mortality that result from typhoid fever and other diseases due to bad water. Dr. Vaughan in a recent address, said that there were

FIFTY THOUSAND DEATHS A YEAR

in the United States from typhoid fever; he emphasized the fact that it never appeared except by infection, direct or indirect, and its prevention by careful watching of the water supply was far easier than its eradication when once it has gained a foothold. In this connection, it may be well to emphasize municipal responsibility for disease. The water supply is usually under the control of the municipal government, or is operated under a franchise from it; and it is only logical that legal criminal responsibility should hold against the municipal authorities or against those to whom they have granted a franchise if neglect of proper precautions can be proven. There is no doubt but that large corporations are much more careful in guarding against accidents since it has become a matter of costly experience that they will be held strictly to account. Cities will similarly exercise greater precautions if they are held to responsibility for disease.

Los Angeles has under way a system to be completed within a year by which the water taken far up in the cañon after sand filtration, will be conveyed in pipes to covered reservoirs and will thus furnish a water supply comparing favorably with the best in any city of the United States. In the meantime some of our water comes from the open zanja, and it would be a wise precaution

to boil or filter all water used for domestic purposes.

All occurrences of illness from preventable diseases should be looked upon as criminal. First among these is tuberculosis, with a cause definitely known and an absolutely sure means of limiting its spread, yet in the United States alone it claims 150,000 victims a year. In passing I would bespeak your interest and support for the work begun by the Southern California Anti-Tuberculosis League. Every case of typhoid fever is a result of criminal ignorance, or worse, criminal carelessness; one enthusiastic sanitarian has said that whenever a case dies of typhoid fever some one

UGHT TO BE HUNG.

Smallpox is still a menace because thousands deny the efficacy of vaccination. Malaria and yellow fever are being controlled by the mosquito bar. Hydrophobia is almost unknown in North Germany because the dogs are all muzzled. There is not time to go through the list. Much has been done, but it is only the beginning; the final goal should be nothing less than the absolute eradications of recognizable infectious diseases. Against every germ there can be found a means of protection; in many instances this is already recognized, but it is necessary to spread the knowledge that all may apply the principles of sanitation, which will destroy the germs of disease. No organization can hope to accomplish any great object unless supported by an enlightened public opinion.

The contagious diseases of childhood with an annual death rate of 60,000 children should receive our attention. Parents should be informed that twice as many die from measles and whooping cough as die from scarlet fever and smallpox because the latter are recognized as dangerous diseases and are guarded against, while the former are considered as necessary evils, if not as harmless episodes in the child's evolution. Impress the idea that the child

should not have any of these diseases, but if they do occur insist on stricter and longer quarantine. It is well established that a person may retain virulent and infective diphtheria bacilli in the crypts of the tonsils long after he has been cured of all symptoms. He has acquired an immunity to them, but they are dangerous to others with whom he associates. We must appreciate this condition and explain it to the laity instead of yielding to their solicitations, as most of us have, and laboring with the health department to shorten the quarantine. The provision of adequate hospital facilities for the reception and care of patients suffering from contagious diseases would unquestionably reduce the death rate from this cause. Here especially is this true on account of our large lodging-house population, where cases are no doubt concealed and others infected which would have gladly entered a hospital had one been available.

Much has been accomplished in the large cities in the prevention of disease by systematic medical inspection of the schools by examiners connected with the boards of health. Our Los Angeles health officers give as much time to the schools as is possible, but with fifty-nine schools it is evident if we are to obtain the best results there must be more help. In other cities the work has been begun by volunteer assistants, a physician being assigned to one or more schools, which he visits daily, making such examinations as are necessary and sending suspicious cases home. The introduction of trained nurses for public school service is a most valuable adjunct to medical inspection. Under the usual system a child with trachoma, pediculosis, ringworm, or other minor ailment which excludes him from school is sent home with instructions to have the condition treated. In nine cases out of ten this is not done, but the trained nurse follows the case up, sees that treatment is carried out and that the child returns to school. Dr. Powers has had the Settle-

ment nurse do such work as much as her time would permit, and the results have been most satisfactory, but more nurses are needed. In New York trained nurses are now attached to forty public schools.

The county medical societies are the units in the great organization of the medical profession throughout the United States. It is expected in time that through united effort all needed sanitary reforms will be inaugurated. In the meantime the county society should take more active interest in local sanitation and should co-operate with the county and municipal authorities on all public health questions. Among present needs which would aid in preventing disease are volunteer medical inspectors for the schools; the erection of a hospital for contagious diseases; the establishment of a large sterilizing

plant, where mattresses, bedding and other furnishings may be sterilized, and the securing of a pure milk supply. A Milk Commission should be established and dairymen be invited to co-operate. Some of them will be able to bring their milk up to the standard, and the profession must encourage the successful ones by doing everything in their power to inform the public that pure milk is worth more than unclean milk.

I hope that this year the society may make itself felt as a sanitary police and that we may see results in the conservation of life.

"Every infant that dies at birth or in the period of its helplessness is an instance of wasted human labor, and every one that is carried over to its age of helpfulness and production is a possibility for the advancement of the race."

THE ACID FAST BACILLI.*

BY W. W. ROBLEE, M. D., RIVERSIDE, CAL.

I bring to your attention this evening a family group of organisms, the so-called "acid fast bacilli," which are of more than ordinary interest to those practicing the medical profession.

I shall not endeavor to present anything original, but will try to make this brief paper a review of the more recent ideas regarding this most interesting family. The acid fast group consists of a number of more or less well-known bacteria. These include the bacillus of tuberculosis, human, avian, bovine and ichthyan, the bacillus lepra, bacillus smegma, Karlinski's bacillus of nasal secretion, Robinowitch's butter germ, Moeller's grass bacillus I and II and a few less well-known varieties. This number is constantly being added to. The title "Acid Fast" is derived from their most marked staining characteristic, viz. they stain with much

difficulty and are equally hard to decolorize by the usual method of treatment with an acid solution.

When Koch succeeded in isolating the tubercle bacillus in this manner and for some years thereafter, this staining reaction was looked upon as distinctly characteristic of this bacillus. It was looked upon as a final test justifying the diagnosis of the presence of that organism. Now, however, we know that the other organisms I have enumerated must be taken into consideration in any examination we may make for this bacillus.

Those most frequently confused with the tubercle bacillus in clinical works are the smegma and Karlinski's nasal secretion bacillus, but in making examinations of suspected milk, water, dust, etc., all the others must be taken into consideration, and where doubt exists other tests must be employed. I have

*Read before the Riverside County Medical Society, Dec. 14, 1903.

no doubt but that many cases of tubercular milk would show upon more thorough examination, not the bacillus tuberculosis as reported, but one of Moeller's grass or manure bacilli.

In making an examination of suspected urine the smegma bacillus may give considerable trouble. I present to you this evening a stained slide showing this bacillus. This slide was prepared by the technique as ordinarily used in staining the bacillus tuberculosis, and you will note that they have held the stain. This bacillus differs from the bacillus of tuberculosis morphologically in that it is distinctly shorter and thicker. The most important differential point is that it is usually decolorized by alcohol while the tubercle bacillus holds the stain. The only certain method of differential diagnosis, however, is to isolate these organisms in pure culture and note the characteristic methods of growth. This is a process of considerable difficulty and consumes much time, so that it is out of the question for the average medical man to undertake it. There is, however, a series of experiments now being conducted by Dr. M. J. Rosenau at the hygienic laboratory of the U. S. Marine Hospital Service, Washington D. C., (see *Journal of the American Medical Association* March 14, 1903, page 701,) in which various vegetables are being used as culture media, which promise to simplify this proceeding very much.

In the routine examination of consumptive sputum the possibilities for error detailed above need not seriously concern us. If the examiner will always withhold a positive opinion until he knows the clinical history of the case, until he is satisfied that the sputum has been collected from that coughed up deeply, preferably in the morning, when such patients have usually a greater accumulation, and not be satisfied with the findings of one examination if the bacilli are scarce and morphologic-

ally suspicious, the practical results are good and errors are few.

The most interesting feature in the consideration of these germs I can only touch upon for lack of time, and that is the relationship of these germs to each other and their methods of growth and reaction upon the human body.

Prof. Koch startled the medical world by claiming that bovine and human tuberculosis are distinct diseases and that the germs from cattle are pathogenic to the human organism and vice versa. The fight has waxed warm since that time between Prof. Koch and his supporters on the one hand and those who differ with him on the other. The feeling is so bitter that at a recent meeting in Berlin, Prof. Orth, Virchow's successor, was obliged to call attention to the personal animus in many of the remarks. Among the more recent articles upon this subject is one by Dr. Cook, health officer of Calcutta, India, in a recent number of the *Indian Medical Gazette*, who argues in favor of Koch's theory because of the fact that the Hindus, who use no beef and practically sterilize all the milk and cattle products they use, are no more free from tuberculosis than are the Christians and Mohammedans in their midst. Another investigator, Dr. Nathan Rau, read a paper before the British Medical Association at Swansea in July, 1903, in which he takes half-way ground. He claims that while bovine and human tuberculosis are separate and distinct diseases, they both can and do affect the human body. According to his view the bacillus of human tuberculosis affects the lungs and is a disease of adult life, while bovine tuberculosis is more liable to take the form of tuberculous joints, enlarged glands and tuberculosis of the bones, and that these processes are essentially diseases of infancy or childhood and are rarely seen in adults. An editorial in the *Medical News* of Sept. 19, 1903, gives a summary of the investigations of a special

commission attached to the Berlin Sanitary Bureau that apparently prove that some of Koch's contentions are wrong. For instance Prof. Orth of the Virchow Pathological Institute inoculated five calves with human tuberculosis, and of these two fell victims to general tuberculosis. The data accumulated by the Sanitary Bureau go to show that ten per cent. of all inoculations of cattle by human tuberculous germs resulted in severe forms of the disease.

One of the most interesting problems to me, and one that has not been sufficiently investigated, is the relation that the other members of this acid fast group bear to the various varieties of tubercle bacilli and to each other. Upon injection into an animal organism there appear in nearly all cases lesions closely resembling tubercles. Take for instance Moeller's grass bacilli I and II or his "Mist bacillus" from manure; these thrive upon vegetable media, and yet when injected into the animal organism they cause the development of distinct tubercles. These show a greater tendency to suppuration than do the tuberculosis infections, and remain localized, but the lesion is very similar. Some investigators have advanced the

idea that the great law of evolution is at work even among these lowest types of life, and that the tuberculosis bacillus of man may have been specialized from the lower types such as the grass bacilli. It has been proven that the bacillus of human tuberculosis may become modified by sojourn in other animals and culture media. Is it unreasonable to suppose that many or all of the members of this group are descended from a parent stem and that their development has been shaped by their environment until like man and monkey they are a long distance apart? Even leprosy bears many resemblances to human tuberculosis. It seems to me that the relationship is close enough so that with all due deference to the views of so able an investigator as Prof. Koch, it is well for us to eat neither "fish, flesh nor fowl" that by any chance may be infected by any type of tubercular germ. The developments along this line of investigation are certain to be great and of the utmost importance in the near future, and it will be well for us to follow them closely. I show you tonight specimens of a number of members of this group that you may see how close the resemblance is morphologically.

FINSSEN RAYS.*

BY ALBERT SOILAND, LOS ANGELES, CAL., INSTRUCTOR IN ELECTRO-THERAPEUTICS AND RADIOLOGY, MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

In the minds of the lay people generally and some physicians also there exist very hazy ideas regarding the terms frequently heard nowadays, viz: violet rays, ultra-violet rays, actinic rays, thermic rays, etc. This state of affairs is in a great measure due to our friends the "quacks," who apply these terms most recklessly to any phenomenon they can produce through a piece of blue glass, and who manage to dissem-

inate their information to the public with surprising ease.

The moment some new scientific discovery especially affecting the medical profession is announced, a host of most unscientific imitations spring up with the usual effect of detracting largely from the value of the original.

To Dr. Nils R. Finsen of Copenhagen, Denmark, all honor is due, for to him alone we owe our present knowledge of

*Read at meeting of Southern California Electro-Medical Society, Hotel Westminister, Dec. 1, 1903.

the light radiations which bear his name. The Finsen light, as you all know, is an electric arc varying in intensity according to size of carbons and amount of amperage employed, and owes its curative power to the invisible ultra-violet radiations emanating from the arc. These rays are beyond the violet end of the spectrum and are too rapid and short to affect the retina.

Finsen's original apparatus consisted of a sixty ampere arc lamp, around which four telescopic tubes were placed at an angle of 45 degrees. These tubes contained quartz lenses between which running water was introduced; the quartz lenses concentrated the rays and the water absorbed the heat. Now in addition another hollow compressor of quartz containing water was pressed over the skin area to be treated. This was done to completely cool the heat rays and to render the skin anemic. With this apparatus Dr. Finsen made the wonderful cures of lupus which elevated him from a place of comparative obscurity to the pinnacle of fame.

With the apparatus just described a great amount of energy was lost, first because of the distance between the arc and the patient; and secondly the ultra-violet radiations were diminished by absorption through the various media before reaching the tissues.

Lately a number of smaller lamps have been constructed using less current and diminishing the distance between source of illumination and patient, thus shortening materially the time necessary for treatment.

The lamp which I have been using for the past six months is known as the London Hospital lamp, and is the type of the smaller arc lamps, which burn either carbon or iron electrodes. They consume from five to ten amperes with 110 volts pressure.

A more recent source of ultra-violet radiation is the Condensor Spark lamp. Here the secondary current from an induction coil is passed into a suitable

condensor, from whence it is brought to the sparking points. The sparks thus produced are rich in ultra-violet rays, and as practically no heat is generated, the water-cooling device is dispensed with, and the rays, brought very near the surface, treated, through a single compressor lens. With these newer lamps an exposure of from five to fifteen minutes is sufficient to produce a transient erythema.

As previously stated, it is the ultra-violet rays in all these lamps which destroy the bacteria and promote rapid healing of the diseased tissues. The composite rays of white light play a minor part in the treatment and the thermic or heat rays are eliminated. Now it must be recalled that the ultra-violet rays are like the X-rays, invisible to the eye, and in order to be observed a fluorescent screen must be placed in their path.

A second important factor to remember is that these rays will not penetrate glass; therefore the lenses used in the various lamps are made of polished quartz or pure rock salt. These media transmit the ultra-violet rays quite readily.

I have before me a circular which describes a new therapeutic lamp, and according to its inventor, much superior in every way to the Finsen apparatus. In the words of the circular "the Finsen method only destroys the germs of lupus and certain skin diseases, while my method destroys these quickly, and in addition the germs of pneumonia, pleurisy, appendicitis, diabetes, rheumatism, epithelioma, acute and chronic nephritis, cystitis, orchitis, nepatitis, oophoritis, galactophoritis, dysmenorrhea, salpingitis and all inflammatory diseases.

Shortly after receiving the circular I had an opportunity to see the lamp in operation at a patient's house. The mechanism is decidedly simple, consisting of an enlarged incandescent bulb backed by a reflector and the whole

covered with a tin hood. The lamp is suspended from the ceiling by a cord which runs over a pulley wheel to a counter-weight, thus permitting lamp to be raised and lowered easily. Connection is made to a convenient socket, and with a 110 volt current the film burns seven amperes.

The patient who was being treated by this light was told by the physician who installed the same that it contained besides the X-ray and ultra-violet the "Cross" rays, whatever that may be. To demonstrate that no X-rays were present, I took a fresh Cramer plate, evolved in the usual manner, placed upon this several metallic objects and exposed the plate to the direct light from the lamp for 30 minutes. The plate was then developed in the presence of the interested parties and proved a total blank as anticipated.

Let us now examine the light and see what it does contain. The film is enclosed in a rather heavy glass bulb, the light is equal to 300 candle power and it gives off considerable heat. It is readily apparent that no ultra-violet rays can come through the glass, but what does come through is the visible light and considerable heat, or thermic rays.

This then is exactly opposite to the Finsen light, where the heat is controlled by cold running water, where the light is from 10,000 to 60,000 candle power and where the ultra-violet rays are filtered through quartz lenses and reach the tissues.

I do not want to make it appear that the big incandescent lamp just described is worthless. My attempt is simply to show that it has no connection with the Finsen method and that it depends entirely upon the visible light and heat contained for its therapeutic effects. It will be found useful wherever dry heat is indicated.

Another lamp often confused with the Finsen, is Dr. Minin's of St. Petersburg. Dr. Minin uses a small incandescent lamp, covered with a blue or pebbled

glass bulb, and here also, as in the large lamp, we obtain some actinic but no ultra-violet rays. The heat which is generated is beneficial.

In a recent issue of a representative X-ray journal, an eastern doctor, in referring to the Minin lamp, states: "That an ultra-violet glass globe is used," etc. Now again we bear in mind that there is no such thing visible as ultra-violet. Can we wonder then that there is confusion in our minds when even medical men, who should be scientific, use such nonsensical terms?

Another common error which our "quack" friends are responsible for, is to refer to the electric discharge in a vacuum electrode as "ultra-violet" rays. You all know that this discharge varies in color according to quality of glass used and degree of vacuum. A very low or feebly exhausted electrode gives a reddish glow, and then as exhaustion is carried further it becomes in turn pink, pale blue and up to green fluorescence of the fully exhausted X-ray tube.

If any ultra-violet rays are produced in such an electrode, which is highly improbable, they never reach the patient.

These remarks may seem commonplace to you who are all thoroughly familiar with these agents, yet it is our duty as members of this society to remove all that is mysterious, sensational and untrue from our work, and to teach our patients, and those who are interested, the scientific truths of our wonderful appliances.

In regard to the therapeutic value of the Finsen or ultra-violet rays, it has been amply demonstrated that for lupus and kindred cutaneous affections, they are as truly specific as any remedial agent can be. In epithelioma, however, my experience has been that the Roentgen rays are superior. In the soft nodular lupus, where pressure by the lens can be maintained without much pain, the Finsen light is at its best.

Before closing allow me to refer to the so-called Red-light treatment of smallpox as promulgated by Dr. Finsen. This does not consist, as many suppose, of enveloping and surrounding patient with objects of a brilliant red color. It means that during the eruptive stage the patient is placed in a room analogous

to the photographer's dark-room, where the only light permitted to enter comes through the orange and red glass. This effectually shuts out all actinic light, which is so irritating to the eruptive lesions and which is largely responsible for the unsightly and remaining pits.

Grant Building.

A CLINICAL LECTURE ON LEPROSY.

BY GRANVILLE MAC GOWAN, M. D., LOS ANGELES, PROFESSOR OF DERMATOLOGY IN THE MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

The word leprosy is derived from the Greek word "lepros" which means scaly. It is a chronic infectious disease caused by the *Bacillus Leprae*. It is very ancient and of wide distribution.

It is chiefly of interest to the public and the medical profession of America by reason of its being a disease of common occurrence in the island countries which have been recently annexed to the United States. From this arises the necessity of familiarity on your part with its physiognomy, and its prodromal and general active symptoms. I will first call your attention to the cardinal points of its diagnosis.

To a physician who is familiar with its gross appearance, and at the same time has a fair knowledge of dermal affections, the diagnosis of leprosy is not attended with any difficulty. But in a case fairly evident, away from a leper district, and coming under the observation of one or more excellent physicians, who are not familiar with the salient symptoms and who are lacking in the knowledge of the differential diagnosis of common skin diseases, it is not to be wondered at that it is not recognized, and that the subject pursues his ordinary avocation, as two of these persons have, for many years, after the establishment of visible lesions, before he is recognized as a leper.

Usually there are symptoms which announce the individual as a suspect. These are essentially characteristic, but

by reason of the intensity of their prolongation distrustfully leprous. Malaise, chilliness, indefinite nerve pains, myalgia, rheumatic or neuralgic, occurring nowhere in particular, but everywhere in time, go and come, sometimes with sufficient periodicity to make one think of malaria as the causative influence. Mental and physical depression is great and, coincidentally, there are vasa motor disturbances, causing profuse perspiration, excessive itching, and the occurrence of successive crops of vesicles or blebs.

After several months, or several years, for the development stage of leprosy is very indefinite, the visible signs of the disease appear upon the skin, or in and along the peripheral nerves. It has a certain similarity to the eruptive fevers, in the appearance of its very earliest lesions, which occur on the mucous membranes of the respiratory tract. Wherever you have the symptoms I have outlined with the baleful shadow of their chronicity thrown across the life of the patient, carefully watch the outer air passages. Here the colonizing of the bacillus is heralded by nose bleed, mucous discharges, salivation and hoarseness, gradually merging into the cawing voice so noticeable in two of our cases.

Then follows the difficult respiration which is so marked, after the involvement of the basal structures of the mucous membranes of the larynx and

pharynx. Even given the prodromal symptoms, chilliness, pains and fugitive pigmented erythematous eruptions upon the skin, it is only the longlasting of these signs which makes us mistrustful of the individual, and where liberty depends upon accuracy of diagnosis, a positive opinion is to be avoided until the permanent establishment of nodular infiltrations in the upper air passages and upon the hands and forehead, or the occurrence of pigmented atrophic maculae, with anomalous variations of the senses of heat and touch.

The skin lesions of leprosy are simply the outcropping of the vein of deeper disease. I have told you that the itching and sweating of the prodromal stage are due to vasa motor disturbances. Trophic changes in the pilo sebaceous appendages result in alopecia, and the dryness and harshness of the skin so characteristic of the disease are due to this same cause. The brows disappear, the lashes fall, leaving the eyes unprotected from dust and irritants, for wherever the bacillus of leprosy settles the hair ceases to grow.

It is commonly stated that leprosy does not affect the hair of the scalp, but you will observe atrophic pigmented and scaly anesthetic patches on the head of this Chinaman. I noticed this once before in the lepers who have been under my care in this hospital during the past fifteen years and saw it once with Dr. Douglas W. Montgomery in the leper hospital in San Francisco.

From the time of exposure until the appearance of the visible lesions, a period of from two to thirty years is said to pass. In fact its development is so insidious that no one really knows what is its period of incubation. There is no well defined initial lesion as there is in syphilis. It is contagious only when the healthy and diseased live together closely; sleeping together, eating, wearing each other's clothes or using the same pipes, drinking vessels or tools. Like syphilis, the modes of

infection are both mediate and immediate. Neither race, nor sex, nor climate gives immunity.

There may be an individual predisposition to it, so never unnecessarily expose yourself to the danger of contagion, but under ordinary circumstances this danger is not great. I certainly would not handle these cases as I do, and as I have done for the past twenty years, did I believe that by so doing I could contract the disease.

Leprosy is transferable only by its bacillus, and culture experiments indicate that this will not live outside the human body. Though apparently closely related to the tubercle bacillus, it is not gifted with the frightfully tenacious life of that scourge which cannot be drowned or starved, and can scarcely be burned, but like its congener, it may invade any of the structures of the body. It expends its force, usually, upon the skin and mucous membranes.

A description of this bacillus you will find in your works on bacteriology, and it will be demonstrated to you by your professor of pathology in sections taken from the ulcerated leg of this German.

The bacilli affect particular structures, and spread from one organ to another along definite tracts. According as to whether the skin or the nerves are infiltrated by them, two clinical forms are presented.

The first, tubercular or skin leprosy, having reference to the form taken by the infiltrated areas and not to any relation of the disease with tuberculosis, is much more marked in the rapidity of its destructive influence than is anesthetic or nerve leprosy, for though due to the same etiological cause, their outbreak, progress and end are different.

Skin leprosy is characterized by tubercles, circumscribed, nodular infiltrations of the skin and mucous membranes. It destroys its subject in from five to fifteen years. All cases of tubercular leprosy, if the individual lives long enough, take on the atrophic deform-

ities and mutilations of the anesthetic type, but many cases of leprosy pass through their course without even showing tubercular lesions. When the bacillus invades the nerves and their sheaths, the deposit of its colonies produces interference with nutrition, irritation, disturbances of sensation, loss of function, anesthesia, muscular atrophy, paralysis, deformity, ulceration and mutilation of the extremities, giving a type known as nerve or anesthetic leprosy, which is totally unlike the tubercular form in its appearance, and to one unfamiliar with leprosy does not appear to be the same disease.

I present to you today three cases of this disease which illustrate, beautifully, all of its varieties.

This Spaniard is fifty years old. He was a soldier in the Philippine Islands twenty years ago and afterwards spent some time in Cuba. About seven years ago he married and now has two children, five and one years respectively. Both are well and perfectly healthy. He presents an excellent example of tubercular leprosy.

He came under my observation about three years ago. He had noticed these nodules for nine years. They were very much more prominent than they are now. The lines of the natural folds of the skin of the forehead were as tense and unyielding as a stuffed hair cushion. The lips were swollen and everted. The lobes of the ears pendant and heavy, like those of an elephant. Upon the wrists were similar lesions, and upon the heel and great toe of the left foot he had perforating ulcers. He has been taking chaulmugra oil ever since then and has markedly improved, but the lesions on the forehead and forearms are still sufficiently distinctive. The ulcers have healed under surgical treatment.

In this German who is forty-four years old, and has lived in California twenty-three years, we have a typical example of the nerve and skin symp-

toms of leprosy occurring in the same individual. His forehead, upper eyelids, malar eminences, ears, in fact the whole face, is covered with nodules varying in size from a split pea to a half dollar. The backs of the hands and the forearms are studded with similar lesions.

These are more dense than the tubercular nodules of syphilis. You will notice that his nose is sunken, that the lower eyelids are everted and the upper ones hang pendulous. Both the lashes and the brows have disappeared, so that the cornea, no longer protected, exposed to the irritating influences of light and dust, has become ulcerated, and sight has been almost lost. His tongue, covered with prominent papules, is ulcerated and too large for the cavity in which it moves. He swallows with difficulty and speaks in a rough, harsh voice, like the bark of a seal.

These two cases illustrate very well the deformative effect of tubercular leprosy, and you have but to add to this the nerve symptoms which are present in the case of the German, and to which I will more especially call your attention in the Chinaman, to cover entirely the diagnostic symptoms of leprosy in both its forms.

This Chinaman is thirty-two years old. He has been twelve years in America, and sick seven years. He was referred to me about three months ago. He has no ulcerations and no mutilative deformity, but you will observe that his fingers taper unnaturally, that the skin is thinned and drawn closely over the wasted distal phalanges. I want you to remember this early symptom of leprosy, for it is quite as marked as the clubbed fingers of consumption, and along with this goes a lack of muscular control of the fingers and hands which cause the individual to fumble in picking up small things or in buttoning his clothes.

Upon the left hip you will observe a large ovoidal patch the center of which is lighter than the surrounding skin, a

light yellow or lemon color; its edge is slightly elevated and is reddish brown. This is one of the characteristic macular lesions seen early in nerve leprosy. The center of such a patch is usually devoid of sensation as to touch, to heat or to cold, while the deeper colored edge is hyperæsthetic.

This rule is not exact when the patches first appear, but anesthesia always becomes marked in all parts of the patch when the bacilli have destroyed the sensory fibres of the nerves distributed to it. You will notice that this patch is bald and scaly and much dryer than the surrounding skin; that the pores are enlarged, but that neither sweat nor oily matter issues from them.

There are a number of other blotches, smaller but of the same general character, upon the back and thighs. Shining through the yellow skin at the elevated edge of the patch is the copper color of the chromatic deposit, but there are no vesicles or papules as in a ringworm, and no papules as in syphilis. The sound skin perspires freely and is soft and flexible, right up to the edge of the patches of the diseased skin.

Below the knees, the legs are dry and harsh and scaly, like a marked case of ichthyosis. The sensation of itching is intense in all of the diseased skin. He describes a feeling in the legs like that of the eating or boring of small worms into the flesh.

Years may pass, many of them, ten or even twenty, or perhaps less, when these nerves, which I take in my fingers, at the elbow, will become thick and hard; will stand out like cords and be painful under pressure. The bacilli of leprosy will have taken possession of their substance and its sheath. Then, as a consequence of this neuritis, the thenar eminences will disappear, the smaller muscles between the bones of the hand will atrophy, the flexor muscles of the forearm will lose their power, and the more powerful extensor muscles will enter into a condition of rigid con-

traction and draw the hand and fingers into a clawed shape. The unguarded skin no longer has notice of insult or injury: a stone may rub the foot, a match or heated iron may burn the finger, a blow bruise the leg or arm, and destruction of the skin and ulceration will result because the brain to which the skin belongs has not been informed that its servant has been injured. Indeed, most usually, the first suspicion of his disease is given to the victim by his holding some heated substance in his hands without feeling a sense of heat, or by some manifest injury to the skin without notice of pain therefrom, or by increasing awkwardness in picking up small things or buttoning his garments.

Mutilation from the progressive osteitis follows. The nails become misshapen and not infrequently take on the form of a bird flying—the so-called winged nail which, though not necessarily indicative of leprosy, may be frequently seen in cases of this disease. Pemphigus blebs will appear on the phalanges; the distal joints, even the second or third joints of one or more fingers on both hands may disappear, one after another, until no trace of the member is left but the indestructible nail covering, the metacarpel bone, as a monument to the departed finger.

Much has been said and written upon the effects of leprosy on the sexual function. I know but little personally. Of these three individuals before you, the Chinaman is reticent on the subject, the German states that he never cared much for women, and the Spaniard is married, has children, visits his wife about once in two weeks and, she states, they always have connection during these visits, but that he is not unduly passionate.

The people who have given the subject the most attention do not agree in their conclusions, but it is commonly held that in the tubercular form this function is greatly increased at first,

though speedily lost, and that it is not very much affected in the anesthetic form.

In one suspected of leprosy the differential diagnosis must be made from—

First, syphilis. If you will remember, syphilis has a definite initial lesion which is almost always traceable; that the papular eruptions do not follow the natural lines of the skin but are arranged in circles or segments of circles; that ulcerative lesions of syphilis are not insensitive, and disappear rapidly under the influence of iodine; and that the alopecia of syphilis is most marked upon the hairy scalp and is moth eaten in appearance, you will have sufficient marks of distinction.

Second, lupus. Is not anesthetic. Its lesions are not extensive, are soft, present always somewhere the apple jelly-like nests of fresh tubercular infiltration, and where ulcerated, the undermined channeled or bridged over tissues in places look like wood bored by the teredo.

Third, from leucoderma or vitiligo, by the fact that the skin in this disease is normal in everything but color, is moist, supple and retains the tactile and thermic sense.

The chromatic spots of the anesthetic form may be at first confused with chromophytosis, but the presence of the microsporon furfur, the normal sensitiveness of the skin, and the absence of atrophic changes are sufficient to distinguish this from leprosy.

The waxy elevated patches of morphea with their lilac borders could be mistaken for leprosy only by the very ignorant. Pemphigus is to be distinguished from leprosy in that the blebs of the latter are not so deep and are always accompanied by anomalies of sensation, usually dysesthetic.

The most difficult disease to distinguish from leprosy is multiple neuritis of toxic, syphilitic or malarial origin. Leprous neuritis is, however, distinguished by its more chronic course, and by its anomalies of sensation. The

chromatic patches of toxic neuritis are either hyperesthetic or anesthetic, while those of leprosy are dysesthetic.

In that particular degeneration of the grey matter of the spinal cord known as syringomyelia, there occurs a condition which simulates closely that of anesthetic leprosy. This is an exceedingly slow disease in its course, and it requires much care sometimes to distinguish it from leprosy. The chief points of distinction are the absence of the sense of touch in the chromatic spots of the leper and the presence of the bacillus in the debris of the ulcerations.

The prognosis of leprosy is never good. Some cases appear to get well, just as some cases of tuberculosis get well. This can hardly be attributed to the remedial measures used, but rather to that indefinite quality which enables some to successfully combat disease.

The treatment of leprosy is purely empirical. Those affected should be carefully separated from the healthy so as to avoid the possibility of contagion. We have an asylum for these people at Molokai, prepared for us by the former Hawaiian government, and to this place, both for their better treatment and for the better protection of the unthinking public, all cases of leprosy should be sent.

The best of food, the best of care for the skin, baths, antiseptic ointments to render it more supple and to protect the superficial surface from chilling, should prove of much use. The best medicinal remedy is chaalmugra oil in doses of from 8.0 to 16.00 per day. Its active principle, gynocardic acid, may be used in the form of an ointment, well rubbed into the skin. Strychnia and hoangnan are also of value.

But I do not believe, so far as my observation goes, that any case is ever cured by the medicinal remedies used.

Ulcers, wherever situated, are to be treated by surgical means, and they do nicely if ordinary care is used.

The cruelty of leprosy consists in its

practical incurability. I have seen a number of cases grow better under treatment, or without treatment. They seem encouraged and happy and have high hope of being rid of their malady.

but after an interval of a number of months, or several years, the inevitable relapse occurs and the frightful end is rapid and horrible to witness.

Suite 540, Douglas Block.

OVER THE TRAIL TO IDYLLWILD FROM BANNING TO STRAWBERRY VALLEY ON HORSEBACK THROUGH MOUNTAIN SCENERY THAT IS NOT SUR- PASSED THE WORLD OVER.

BY SAM T. CLOVER, LOS ANGELES

"We will go as far as Banning by the Southern Pacific," telephoned the doctor, "and from there by horseback over the new road and trail to Idyllwild."

What is locally known as a "Santa Ana" was blowing when the party of four, consisting of the doctor, the lawyer, the artist and the scribe, trudged up the track from the sleeping car and footed it over to the hotel, a rambling wooden structure that had seen better days, exteriorly, but was not without an air of hospitality inside.

"I have three rooms upstairs and one down," announced the landlady, whereupon the artist and the scribe flipped a dollar, which gave the latter the porch chamber.

With a forty-minute wait for dinner, or supper rather, a three-mile sprint to the foothills was proposed and promptly concurred in by all except the doctor, who preferred the armchair in his chamber.

His guests returned with wolfish appetites, and after a hearty meal a call on a professional friend was suggested.

Dr. King is one of Banning's standing advertisements. He drifted in there from Tennessee twenty years ago with pronounced lung troubles, all traces of which long since have dis-

appeared. He is a scholarly man who stands high with his professional brethren and is a great believer in outdoor life.

His principles find ready acceptance with his youngest daughter, who is an excellent shot with the rifle and a fearless horsewoman. Her cot bed is pitched on the porch the year round, where the pure California air has free access to her robust lungs. Two older daughters are at Stanford, consequently Mrs. King's heart is divided, but that hasn't prevented her from making the doctor the cosiest kind of a home.

Senator Barker of Riverside and his father, the latter a fine old gentleman from York state, entertained the party for an hour before retiring. While the Senator was inclined to be skeptical as to the ability of the quartette to get over the trail in shipshape order and in good season, he refrained from waxing too pessimistic on the subject. Instead, he talked entertainingly of the delights of stock-ranching and, incidentally, of the sound business sense of the supervisors in agreeing to build the new road into Strawberry Valley.

"Why," said the big rancher, "we ought to take in all the tourists this way and then give the Santa Fe its share of the business out to Hemet. It's an ideal proposition and is bound

to satisfy pleasure-seekers. Change of scenery all the way is insured. The supervisors demurred at first to spending \$8000 in this corner of the county, but the results will prove the wisdom of the venture. It'll make traffic more popular, sure."

"I have ordered the animals to be around for us at 7," remarked the doctor as the callers filed across the street from Dr. King's corner snuggery. "Breakfast will be ready at 6:30."

It was. The artist ate as if it were his last meal on earth, but even he finished before the wall-eyed pinto that he afterward straddled put in an appearance. The doctor drew a shaggy white mare with a comfortable back; the lawyer mounted a rangy bay and the scribe fell heir to a willing little sorrel that outfooted the bunch at all gaits.

Captain Hamilton furnished part of the stock and rode along to help bring back the animals from Fuller's mill, where relays from Idyllwild Lodge were to meet the outfit.

"Bill" Salisbury was the guide. Bill has a ranch half way up to Fuller's, and what he doesn't know about the San Jacinto range isn't worth remembering. Bill says he's from Ioway. Twenty years ago he accompanied his parents in a sooner wagon as far as Nebraska, where they halted for a time, but eventually pushed on to California.

"Varmints? They's plenty of 'em up here," remarked Bill, as the scribe and he led the procession across an icy ford 4000 feet above the San Gorgonio Pass, and still rising.

"Wild cats and mounting lions, principally. I was riding along one day a bit higher up the trail when I spied a critter hanging out on the limb of a cedar. I pulled out my six-shooter, took careful aim and shot."

"Did you get him?"

"Naw! The blamed thing wasn't in sight when I jogged up, but I had better luck with a deer, though. That was

when I had my rifle along. Say, I chased that black-tail for three mortal hours before I could get a fair shot at him, but I landed him in that green patch over yonder, and, say, he made elegant eating."

While the new wagon road is completed for about ten miles, Bill did not follow it to the limit, but led the party by a cut-off to Small's ranch, eight miles from Banning. Here the hospitable young host and his brave little wife, who knew of the expected visitors, had prepared hot coffee, milk and delicious cake as a "stayer" until the noon camp at Fuller's was reached.

But while the coffee was boiling the host exposed a large, flat bottle filled with a reddish liquid which was quietly passed around. It imparted a grateful warmth to the stomach and gave off a delicious aroma. Apparently Bill thought so, too, for he poured out what sarcastic individuals have been known to term a "bath."

"Now, Bill," quietly remonstrated the host, "remember that isn't beer you're asked to swallow; that's the real thing." But by that time the stuff had disappeared and Bill heaved a sigh of regret as he gently put the cup on the table.

From Small's ranch is a straight climb of a mile, and the horses, refreshed by the halt, tackled the trail like thoroughbreds. Such atmosphere! Such a glorious exhilaration! And such magnificent views of Old Baldy, San Jacinto Valley and the glorious pines! That ride is recommended to all city dwellers who need to have the cobwebs cleared out of their headpieces. It's a sure remedy for brain fog. Fuller's mill is a deserted log camp, twenty miles from Banning. It is an entrancing spot for an ideal wilderness lodge, and by a curious coincidence it is owned by Chief of Police Elton of Los Angeles, who acquired the property several years ago. It is said he plans to build a summer resort there when he

gets ready to retire from the cares of office. He ought to make a success if he doesn't attempt modern comforts. A substantial log house is the proper caper for the surroundings.

Here beside a mountain spring of ice-cold running water the explorers discussed their midday luncheon. Discarding the provender packed in from Banning, the delicious cold chicken and other delicacies from the chef's cuisine at Idyllwild, brought in by the Lodge's able manager, Ralph Lowe, were attacked with alacrity and properly punished. Even the doctor ceased rubbing his swollen knees to do justice to the good things provided.

Parting company with Captain Hamilton and Guide Salisbury, who retraced their steps over the trail with the animals, a change of stock gave the scribe the sturdy black mountain horse owned by Manager Lowe of the Lodge. He went at a trail having an upward pitch of 90 degrees as if he were dancing along Figueroa street, and fretted if he were checked at any stage of the climb.

Outdistancing all the rest, that ride through Dark Cañon became a revelation for the grandness of its solitudes, the beauty of the scenery, the delights unfolded at every turn of the precipitous, fascinating trail.

Now it was a buck and doe that started off through the clearing at a mild lope; anon it was a gray squirrel looked saucily down from its perch, or perhaps a sudden swish through the chaparral told of a larger denizen of the fastnesses disturbed by the intruder.

Away off to the right, far across the intervening San Jacinto Valley, was a bright patch that the doctor later on solemnly averred was the Pacific, and perhaps he was right; it was a magnificent view in good truth.

Turning, the trail once brought the party below into partial view, at which point the artist secured a snapshot of the doctor and the lawyer. Their de-

jected attitude is strongly suggestive of the famous "Retreat from Moscow" painting, made so familiar by chromo reproductions.

But if they were stiff and sore then it was nothing to the agony endured by the trio, which included the artist, when the plateau at Idyllwild was reached. Fortunately for the scribe, he was in his element and escaped the pains and aches of the less-inured riders. But a rest, a delightful meal and a warm bath worked wonders, and after dinner social calls were made at the cottages on the few belated guests of the Lodge.

No longer a sanitarium, but a mountain resort for pleasure and health-seekers, Idyllwild is unsurpassed in its location. The plateau is a mile above sea level, and is reminiscent of the bottom of a deserted crater, the encircling mountains forming the rim. Magnificent pines, veritable giants, rear their lofty heads, straight as telegraph poles, into the empyrean, and the balsamic odors they impart will send "blue devils" or dull care to the right-about in short order.

Tauquitz Peak, "Billy" Rock, Painted Indian Rock, Sunset Peak, Inspiration Point, all offer charming inducements to the explorer and add to the attractiveness of this Alpine-like resort. In ten years its fame should be international.

At dinner discussion turned on the spelling of Idyllwild. The doctor thought two ll's were needed in the first syllable, the artist coincided, the lawyer was non-committal, the scribe sturdily insisted one was sufficient. It was agreed to leave it to the first dictionary the party should happen across. The printed matter, with that liberality characteristic of certain printers, had thrown in two, while the silverware bore but one.

Idyllwild Lodge is well planned, down-to-date in its appointments, and

built to be enjoyed. It is surrounded by capacious cottages, fully as comfortable as the Lodge itself, with the most inviting of interiors.

It was like pulling teeth to break away from this ideal spot for frayed nerves, and when the coach that was to take the party to the valley below drew up next morning a spirit of rebellion seized the scribe which required strong mental argument to overcome.

But the drive down the winding road well repaid the travelers. No wonder they raise great racehorses in this superb valley! One's lungs here expand like miniature balloons in the mad desire to drink in the intoxicating ozone.

More pines, spring after spring of pure, cold water, tier after tier of winding roadway, and then the valley, the old Webster homestead, where Helen

Hunt Jackson made her home for a brief season; Saboba, the Indian village she immortalized; Valle Vista and its orange groves, and then Hemet, nestling in the middle distance on the plain, just beyond the detached foothill that one sees spread out like a wart on the surface, when a mile above it. Faith, 'tis a trip well worth the time and energy expended in the making.

Returning from a visit to the local barber, the scribe found the doctor immersed in a pocket dictionary. He looked up sheepishly and actually blushed as he exclaimed, "Curious, that word 'Idyll' doesn't appear to be here."

He handed the book over to the scribe, who scanned the page, found the word spelled with one l and silently passed the dictionary back to the doctor. Then the party went in to dinner.

—*Los Angeles Express*.

SELECTED

DEPARTMENT OF SURGERY.

CONDUCTED BY ANDREW STEWART LOBINGIER, A. B., M. D., LOS ANGELES.

SUPRA-PUBIC PROSTATECTOMY.—Moynihan of Leeds describes a new method by which he performs prostatectomy through a supra-pubic incision in the *January Annals*. The bladder is washed thoroughly with a 1 per cent. solution of carbolic acid and left partially distended with a residuum of the same solution. Supra-pubic cystotomy is then done, the carbolic solution removed, and with the bladder walls of the wound held well apart by silk-worm gut sutures, previously passed through the abdominal wall, drawing the mucous membrane over the lips of the abdominal wall, where the suture is tied and left long. The left forefinger is passed into the bladder, and with long scissors a snip is made into the mucous membrane of the trigone as an entering point for the left finger in the blunt dissection

and tearing away of the prostate from its bed. With two fingers of the right hand in the rectum, and the right thumb pressing on the perineum in opposition, the prostate is held and steadied while the left forefinger in the bladder completes the dissection. The entire prostatic urethra is removed, (Freyer claims to preserve it in his technique,) along with the prostate. Moynihan has operated twelve cases in this manner in the last two years, with one fatality. The ages of these patients ranged from fifty-six to seventy-three years. Smart hemorrhage occurred in two instances. The time required to bring away the prostate was from two to five minutes. The after-treatment was somewhat tedious, but at the end of the fifth week the patient is passing urine spontaneously, and there has been no incon-

tinence in any of the patients. Moynihan makes the startling statement that "to Mr. Freyer belongs at least the credit of calling us back to the rational treatment of enlargement of the prostate."

The reviewer recalls a very notable exhibition of Mr. Freyer's feelings on the subject of supra-pubic prostatectomy which occurred in the surgical section at the Manchester meeting of the British Medical Association in 1902, and which other Americans, present that afternoon, doubtless vividly remember.

INTESTINAL PERFORATION IN TYPHOID FEVER.—Richard Harte of Philadelphia, in the same number of the *Annals*, deals at great length with this interesting subject. Dr. Ashurst collaborates with him in the contribution, and the history and literature are examined embracing 362 patients thus far reported.

The work and experience of Keen and of Finney are freely quoted, and an elaborate table is given of the cases and operators covering this field of work.

Only 2 per cent. of perforations occurred in the first week; 56.6 per cent. in the second and third weeks, and 41.2 per cent. after the third week.

A consensus of opinion places perforation as more frequent in the severe types of the disease. Tympany favors it as of course deep ulceration. The existing causes are chiefly those which act mechanically. Among these are improper diet, purging, large or too forcefully-administered enemata, straining on the bed pan and shock from the cold bath. The pathology of the typhoid lesion is generously discussed. The perforation is usually single. The size of the perforation is from a pin-head puncture to a half-inch and over. Over 73 per cent. of 190 cases had the perforation within twelve inches of the cecum.

The prognosis is vastly graver where

the flora are complex, as, for instance, where the streptococcus or straphylococcus are found abundantly with the bacteria typhoid.

The symptoms are most important, because rarely typical. Slight or severe stabbing pains in the abdomen at about the third week, with marked tympany, retention of urine and incontinence of feces, would imply closest watching of the patient and practically continuous attendance until the symptoms abate. The pain is stabbing, felt in the right lower quadrant of the abdomen and sometimes in the bladder, as well as the umbilical and epigastric regions. The temperature may fall 4 to 6 degrees following a sharp sweat attendant on the pain. Deulafoy has said, "No perforation without fall of temperature," but if the temperature is taken some time after a perforation has occurred, as Hagopoff has shown, no marked fall of temperature will then be shown, since a reaction has then set in. Sweating and fall of temperature may be associated with hemorrhage and must be distinguished.

Rigidity of the right rectus is a valuable sign. Harte calls sharp attention to what he terms the "vast difference between a surgeon's 'rigidity' and a physician's 'rigidity,' and the distinction is well worth remembering."

Increased pulse rate accompanies perforation.

The facial expression—the physiognomy of shock.

Tenderness is greatly increased. The obliteration of liver dullness occurs also from tympany, and one can place too much importance on that sign.

The condition of the blood is still a vexed question. Osler says a rising leucocyte count is indicative of perforation. Harte feels that to be of great value, leucocyte counts should be made every half hour. No surgeon can afford to carry this out in practice, and must decline to have his cardinal guides in

diagnosis brushed aside by laboratory diagnosis. It should be remembered that in typhoid, a positive leucopenia exists. In differential diagnosis hemorrhage is always to be first thought of. Appendicitis should be considered, but would require surgical intervention in any event.

The prognosis will depend upon many conditions. Only five patients are known to have died before the operation was completed. The most favorable cases have been those operated early, and, as to age and sex, in girls from ten to fifteen years.

Twenty-six per cent. of all patients operated left the surgeon's hands well. Of those that died, 21 lived 2 days, 23 lived 3 days, 21 lived 5 days, 7 lived nearly a week, 11 lived over one week, 3 over two weeks and 4 over four weeks. He thinks in these last eighteen cases the patients may certainly be said to have recovered from the operation.

The treatment should be prompt laparotomy and suture of the perforation; "to trust to medical treatment alone is nothing short of folly." If practically moribund cases can be so improved by stimulation as to offer a chance, it should not be denied these desperate subjects.

The time in skilled hands need not

exceed fifteen to twenty minutes. He believes that well authenticated instances of recovery from perforation without operation are exceeding rare, and cites illustrations in proof.

Harte most properly favors ether anesthesia, and clearly points the embarrassment and folly of so-called local anesthesia; and he shows the relief of physical and mental shock effected by ether in contrast with local anesthesia. Little ether is needed and a few minutes completes the operation. Much time is consumed and great fatigue to the patient occasioned by attempt at local anesthesia, which commonly is finally abandoned for ether to finish the operation.

Every modern appliance and means to combat shock should be at hand, and abundance of assistants to promptly put them in effectual use, should occasion require. If fecal extravasation has occurred, the cavity should be thoroughly flushed out with warm salt solution. Drainage should be employed in nearly every case. Wiping dry with gauze sponges may be applied safely only to extremely localized extravasation and is rarely safe.

The authors regard exploratory laparotomy in doubtful cases quite justifiable and cite statistics in support.

DEPARTMENT OF PHYSICAL AND ELECTRO-THERAPEUTICS.

CONDUCTED BY ALBERT SOILAND, M. D.

It will be the object of this department to present each month such items devoted to the therapy of the physical forces as may be of interest to the medical profession.

In the current number of *Advanced Therapeutics*, Dr. Russell H. Boggs, in a paper read at the thirteenth annual meeting of the American Electro-Therapeutic Association, held at Atlantic City, September 22, 1903, says, in part:

"A physician who treats with the X-

ray and light, just because he knows certain cases have been cured, and is not familiar with his therapeutic agents, as well as the pathological conditions which exist, is likely to do more harm than good, and bring discredit upon both himself and the treatment. At present there are many placing X-Ray and Fin- sen light apparatus in their offices who know nothing whatever about the physiological action of these agents, and depend upon the manufacturers for their

information. It is such men who make so many rash statements, which we should endeavor to correct when possible. Some of these physicians are men of good standing, and have achieved success along other lines, so that when they make these statements they have a powerful bearing, and are detrimental to the advancement of X-ray therapy."

This statement is only too true, and it is apparent that the only remedy for this condition is *time*. In the same paper the author reports twenty-eight cases of tuberculosis treated by X-rays, as follows:

Two cases tubercular ulcers of the larynx, one healed, the other improving.

Five cases of tubercular joints, three cured, another improved, but gave up the treatment, and the fifth improved only for a short time.

Thirteen cases of pulmonary tuberculosis, two cases apparently cured and treatment discontinued, seven improved, and four died (two of these were so weak that they were only able to come for a few treatments; another gained eight pounds in two months when she began to have trouble with her throat, from which time she gradually grew worse; the other improved in weight, and cough and night sweats were checked; then she decided to give up the treatment, as she couldn't see how passing a light through anyone's chest was beneficial, and she gave the credit for her improvement to some trifling home remedies. Three months later, when she again had trouble, she went to one of our numerous advertising physicians, but

just before she died the family physician was called.)

Of five cases of tubercular glands, three were apparently cured, and the other two are improving.

Three cases of tubercular ulcers were promptly healed.

Some of these cases are reported in detail. It is gratifying to find such a good percentage of cures in the tubercular joint and lymphatic cases. In the surface lesions, of course, we expect cures with any radio active substance.

In the same journal, Dr. Herman Grad reports a case of leukaemia, treated by Roentgen rays. This patient had an enormous enlargement of all palpable glands, which was reduced by the general application of X-rays.

One of the latest physical appliances seeking professional favor is the mechanical vibrator. This instrument is made in different sizes and shapes, and is designed to produce vibratory stimulation of various parts of the body. Wherever massage is indicated this new vibratory force will do good work when properly applied. Unfortunately, however, this therapeutic agent has already found its way into improper channels, and today it can be seen in all well-equipped barber shops. Quite recently a circular reached this office from a dressmaker's or hair-dresser's establishment, stating that they had installed a first-class vibrating outfit, and were prepared to treat disease, asking members of the medical profession to send their patients to them for treatment.

Query: What will we be "up against" next?

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EDITORIAL.

THE HOSPITAL CAR.

One of the great drawbacks to traveling has been the fact that invalids—consumptives and others—were transported in the Pullman cars which might be occupied by well people on the following night. The railroads have taken many precautions in the way of fumigation and frequent laundry, but still the fact that the healthy man was occupying a bed and using blankets that had been used the night before by a consumptive was neither conducive to health or peace of mind. In these times when every person is posted in regard to the dangers from tuberculosis and in regard to its contagiousness, many people are deterred from traveling by the fear of contracting this terrible disease. We are glad to see that the Pullman Company are arranging to have a car fitted up especially for sick people. If there was not enough business of that kind

to justify running a car every day, it could be run from New York, say, three days in the week, and the public notified, of course, of its days of departure. This will mark a great step in advance in the safety and pleasure of traveling.

There is one other thing that should be done now to complete the traveling situation, namely, every hotel should have three or four rooms set aside so that when a tuberculous case, or a suspicious, questionable case, comes into their house, and through the laws of humanity they are unable to avoid keeping over night, or a day or two, that this patient could be put into one of these three or four rooms. The hotel people of Southern California would find this one of the most profitable steps that they could take. The landlord must be humane, and if a sick person comes to his house just off of a transcontinental train, tired and worn out, it is almost impos-

sible to refuse him a night's hospitality. By having these three or four rooms fitted up without carpets, upholstered furniture, tapestries or lace curtains, he could take care of invalids temporarily, and healthy people who are traveling would not have the lurking suspicion that they were sleeping in beds that were occupied the night before by consumptives.

The Pullman people have taken a wise step, and we trust that the progressive hotel men of Southern California—and, in fact, it should be throughout the world—will set apart a few rooms for temporary hospital purposes, and thus encourage and give confidence to the great traveling public.

EDITORIAL NOTES.

Dr. Wm. Capps has located in Riverside.

Drs. Champion, Pritchard and Sherman have opened a hospital in Colton.

Dr. A. M. Stafford has located in Corona.

Dr. G. W. Sims, formerly of Corpus Christi, Texas, has located in Roswell, New Mexico.

Dr. R. B. Linn of Wilcox, Arizona, has been visiting with friends in Los Angeles.

Dr. John Swisher of Socorro was recently called professionally to Albuquerque.

Dr. G. A. Moulton, formerly of Leadville, Colorado, has located in Douglas, Arizona.

Dr. L. D. Hockett and Dr. F. H. Hadley of Whittier have formed a co-partnership.

Dr. J. L. Norris, the Santa Fe surgeon, has located in Estancia, New Mexico.

Our good friend, Dr. D. B. Van Slyck, who has been quite ill of pneumonia, is convalescing.

Dr. Alexander Hugh Ferguson of Chicago has been visiting in Los Angeles.

Dr. C. G. Cruikshank, a well-known practitioner of San Marcial, New Mexico, is District Grand Master of the Independent Order of Odd Fellows.

As predicted, Dr. R. V. Day, formerly a member of the Board of Health, has been elected City Chemist of Los Angeles.

Dr. J. C. Spencer, who has been taking a three weeks' vacation in Southern California, has returned to his San Francisco residence.

Dr. Arthur F. Maisch of Globe, Arizona, was married in Los Angeles on Tuesday, evening, January 26th, to Miss Nina Bridwell.

Dr. Henry T. Southworth, formerly of Chicago, has located in Prescott and associated himself with Dr. G. H. McGinnis.

Dr. R. F. Palmer, formerly of Chicago, has been appointed physician to the Reclamation Service, and he will be located at Livingston, New Mexico.

Dr. C. A. Schrader of Phoenix, Arizona, has a fine automobile which cost him \$2.77. He bought a raffle ticket and was the lucky man.

Dr. H. W. Fenner of Tucson is an enthusiast of the automobile, and is president of the Good Roads Association of Tucson.

Dr. Philip King Brown, the San Francisco philanthropist and physician, has been spending several days in Santa Barbara.

Dr. R. F. LeMond, the oculist, has returned to Los Angeles after a holiday visit to relatives and friends in Colorado.

Dr. J. W. Harpster has leased the Sierra Madre Villa and removed his

Sanitarium for Nervous Diseases from San Gabriel to Sierra Madre.

Dr. C. W. Lincoln, a graduate of the Rush Medical College, who has been practicing for some time in Winona, Minn., has located in Ventura.

Dr. and Mrs. F. M. Pottenger entertained at dinner at their Monrovia home on Sunday, January 17th. Their guests were Dr. and Mrs. P. C. H. Pahl and Dr. and Mrs. Fred C. Shurtleff.

A resident of Redlands, Mr. L. B. Bean, has brought suit against some consumptives because they are living in tents on a lot adjoining his elegant residence.

A prominent Arizona physician writes: "The Southern California Practitioner comes regularly and I enjoy its pages immensely." From all over the South-west we get these pleasant evidences of appreciation.

We recently took a horseback ride from Banning to Idyllwild. Riverside county is rapidly pushing a stage road through between these two places, and we found the trip a grand and inspiring one.

Dr. J. E. Broderick, one of the surgeons of the Copper Queen Mining Company at Bisbee, Arizona, was married in Kansas City on January 11th, and after an eastern trip has returned to Bisbee with his bride.

Dr. J. A. Metcalfe, a prominent practitioner of Azusa, has located in Los Angeles, where he will continue the practice of medicine. Dr. H. M. Coulter, formerly of South Dakota, succeeds Dr. Metcalfe at Azusa.

Dr. Thomas Darlington, who was, fourteen years ago, located in Bisbee, Ariz., as chief surgeon and physician for the Copper Queen Company, has been appointed Health Commissioner of New York by Mayor McClellan, at a salary of \$8000 per year.

The San Diego Union of January 1 had a very thorough and exhaustive ar-

ticle on "The Climate of Southern California," by the well-known author and scientist, Dr. P. C. Remondino. Dr. D. Gochenaur also had an article on "The Climate of San Diego County."

Dr. David Gochenaur of San Diego spent twenty-four hours recently in Los Angeles, his object being to attend the banquet of the Alumni of the University of Pennsylvania.

Dr. C. L. Rich of Fullerton recently tried to see whether his automobile would work in water or not, but after trying it for awhile in the canal near that place, he got discouraged and left it to soak until some neighboring farmer hauled it out.

The *Journal of Tuberculosis*, which was published in Asheville, N. C., and edited by Karl von Ruck, has been discontinued. This leaves the Southern California Practitioner as the only journal in America that pays special attention to tuberculosis.

At the banquet of the University Club of Los Angeles, on January 14, Dr. Joseph Kurtz delivered the principal address, his subject being his recent trip through Europe. His address was very instructive and witty.

The San Bernardino County Supervisors, at their February meeting, had their attention called to a serious problem confronting Redlands and other health resorts by the great number of consumptives who have crowded in there.

Dr. S. A. Knopf of New York City has an article in the *Weekly Bulletin of the Clothing Trades*, telling local unions how they should establish a co-operative sanatorium for the tuberculous by 20,000 men giving \$5 each. In the course of the very forceful letter, he says that the patients could be maintained for \$8 per week, and that three to four months at the sanatorium generally suffices to treat and cure an early case of tuberculosis. Dr. Knopf's optimism is very exhilarating.

We have received, with the compliments of the editor of *The Medical Brief*, a portfolio containing portraits of the chief contributors to that journal during the year 1903. This is certainly a good idea, and we are glad to have these pictures of our professional brethren.

Mr. Frank H. Mason, Consul-General of the United States at Berlin, Germany, is convinced that persons who live where eucalyptus grows will not succumb to tuberculosis, or, if they arrive in eucalyptus districts already suffering from the disease they will have a fair chance for recovery.

N. O. Nelson, the millionaire plumber of St. Louis, and the founder of the co-operative town of Leclaire, Ill., has established a camp for consumptives at Indio on the Colorado Desert. His idea is to furnish tents and let the consumptive work enough to earn his board.

The State Board of Health will hold a sanitary conference at Paso Robles at 10 a.m., April 18th, 1904, the day before the meeting of the State Medical Society. Papers will be presented on different sanitary subjects, and free discussion held. There will also be report on needed sanitary legislation.

Dr. Guy Hinsdale, the secretary of the American Climatological Society, has removed from Philadelphia to Hot Springs, Virginia. This is a high-class resort that already has a most excellent reputation, and the many professional friends of Dr. Hinsdale in California wish him complete success.

We are glad to call attention to the advertisement of the California Cancer Sanitarium, located in Los Angeles. Drs. Webb, Newkirk and Dodge are going into this work with great enthusiasm. They have an excellent building, and believe that by making that their special study they can do better than in the general hospitals.

Redlands had 155 deaths last year, 77 being from tuberculosis. This shows what a popular place Redlands has be-

come with the tuberculous, and of course any person reading this report will understand that a great proportion of these deaths from tuberculosis were people who came to Redlands in the very last stages of that disease.

At the annual stockholders' meeting of the Emergency Hospital Association, Los Angeles, recently held, the following board of directors was elected: President, Henry S. Keyes, M.D. vice-president, Charles Cassat Davis; treasurer, John G. Mossin; Richard G. Beebe, Dr. D. W. Edelman, Dr. Andrew Stewart Lobingier.

The Pomona Valley Society has affiliated with the Los Angeles County Medical Society, and thus gained membership in the State Medical Society. At its meeting, held January 7, Dr. F. W. Thomas read a paper entitled, "The Relation Between Diseases of the Nose and Throat and Those of the Lungs," and Dr. E. Henderson read a paper on "A Case of Tetanus."

We are also glad to call attention to the advertisement of El Sueno, which is located in Alhambra, a suburb of Los Angeles, and adjoining San Gabriel. This is an ideal location for nervous people, and Dr. Francis E. Cory, the proprietor, is a man of excellent professional standing and will be thoroughly conscientious in whatever he does.

We also desire to call attention to the advertisement of Shaw's Grape-Olive Extract. This is a most delightful preparation of olive oil; is very nutritious, and especially indicated in broken-down people, those particularly who have a tendency to pulmonary troubles. Samples will be delivered to any physicians who may desire to investigate this subject.

At the annual meeting of the Redlands Medical Society, the following officers were elected: J. E. Peyton, M.D., president; G. G. Mosley, M.D., vice-president; William A. Taltavall, M.D.,

secretary and treasurer. Dr. Hoell Tyler presented an interesting paper on "Pyorrhea," which was discussed by members of the club and local dentists who were present.

Dr. Jack Murietta, one of the most prominent young physicians of Los Angeles, has accepted a position as surgeon for the Salt Lake Railroad, and is to reside in Daggett. We hate to see our young friend leave Los Angeles, but there is an experience and discipline about life in Daggett that may prove beneficial, and we all know that he will get back to his old home to live by and by.

Dr. J. L. Norris, surgeon of the Santa Fe Central Railway Company, has located at Estancia, New Mexico. The doctor arrived at his new home with his bride, and the citizens gave him a hearty welcome. After congratulations and well-wishes, all joined in tripping the light fantastic till the wee hours of the morning. The best of music was provided, and the refreshments were all that could be desired.

The students of the Medical College of the University of Southern California recently gave a burlesque circus at Hazard's Pavilion, Los Angeles; for the benefit of the Barlow Sanitarium for Consumptives. The show was a great success of its kind, and it was nip and tuck as to who had the most fun, the audience or the performers. The receipts were nearly \$2000, a large proportion of which was profit.

At a recent meeting of the Berlin Medical Society, Dr. Danelius reported favorably on experiments with a new system of treating tubercular diseases by inhalation, or rather fumigation, with the combined fumes of eucalyptus, sulphur and charcoal. Mr. Robert Schneider, a chemist, reports that the natives in the northwestern part of Australia use a decoction of leaves and roots of the eucalyptus tree as a remedy for consumption.

The Santa Barbara Supervisors at their first meeting in January re-elected Dr. E. J. Boeske County Physician. The following physicians were elected for outside districts: Dr. Wm. J. Graham of Lompoc for the Fourth Supervisorial District, Dr. Paul C. Carter at Guadalupe, Dr. H. D. Livingstone at Santa Maria, Dr. James Beard at Los Alamos, Dr. R. W. Hill at Carpinteria, and Dr. P. R. Stafford at Santa Ynez.

Dr. P. C. Remondino of San Diego, for a long time member of the State Board of Health, paid a few days' visit to his friends in Los Angeles recently. Besides doing an immense practice, Dr. Remondino is writing a treatise on inebriety, and also a comprehensive history of medicine. The first volume of the latter work is about completed. We know of no person so well equipped for writing a history of medicine as Dr. Remondino.

At the annual meeting of the Riverside Medical Society, held at the residence of Dr. Outwater, the following officers were elected for the ensuing year: Dr. C. W. Girdlestone, President; Dr. W. W. Roblee, Vice-President; Dr. H. R. Martin, Secretary and Treasurer. The society adopted a resolution pledging each member to hereafter never give a liquor prescription unless for actual medical use. A committee was appointed to secure the meeting of the State Medical Society in 1905.

Dr. John A. McCorkle, president of Long Island College Hospital, recently tendered a dinner to the council and to the hospital and college faculties of that institution at the Hamilton Club. Covers were laid for twenty-seven. Dr. McCorkle is a genial, delightful man, and we all know that he makes a perfect host. He has become the leading practitioner of the city of Brooklyn, and is one of the most popular consultants

in general medicine in the State of New York.

Dr. Wilder Dwight, so well known in Los Angeles, has removed his office to Hotel Argyle, 234 McAllister street, San Francisco.

Drs. J. H. McBride, Norman Bridge, M. B. Campbell, H. G. Brainerd and Walter Jarvis Barlow are directors in a corporation known as "The Southern California Sanitarium for Nervous Diseases," with an authorized capital stock of \$30,000, of which \$27,000 has been subscribed. Dr. McBride is the moving spirit in this matter, and the company has purchased a site of fifteen acres near Pasadena. There are about 500 fine live oaks on the property, and among these will be erected one main building and several cottages.

The medical profession is now represented by two Governors—one, Dr. George C. Pardee, who is a noted oculist and who is the able Governor of California; the other, Dr. Lucius Garvin, who graduated from the Harvard Medical College in 1867, and who is now Governor of Rhode Island. Take Governors Pardee and Garvin and Gen. Leonard C. Wood, and it would be possible to make up a first-class Presidential ticket. We think it is time that a physician should be head of this nation, and any one of these gentlemen would fill the bill.

Sunbrights California Food is a Southern California product that is making its way in favor with the medical profession. There are several medical colleges where it is recommended by the Professor of Diseases of Children and Obstetrics, and we can all feel proud of the well-merited reputation that it is gaining. The Sunbrights Company will, on request of the attending physician, send a trained nurse to any home in Los Angeles to demonstrate the food. Ring up Home 6519. Sunbrights is a delicious food for the sick and the well.

Dr. M. D. Johnston has been given the contract for taking charge of the County Hospital at Tombstone, succeeding Dr. Sabin. The contract is let to the lowest bidder, and Dr. Johnston's bid was 70 cents per day for the care of each patient and 70 cents for each visit he makes to the hospital. Dr. Sabin bid 73 cents per day and 50 cents for each visit; Dr. Kunz bid 80 cents per day and \$1 per visit; Dr. Hughart bid 72 cents per day per patient and 12 cents per visit.

The regular monthly meeting of the Los Angeles Academy of Medicine was held at the residence of Dr. B. F. Church on South Alvarado street on the second Friday in January. Dr. F. C. Shurtleff was installed as President, Dr. Charles B. Nichols as Vice-President, and Dr. Geo. H. Kress as Secretary and Treasurer. Dr. Andrew Stewart Loring read a paper entitled, "Surgical Treatment of Ulcers of the Stomach." Dr. F. M. Pottenger, the retiring President, delivered an address on "Preventive Medicine." The meeting closed with a pleasant social hour, refreshments being served by the host.

Dr. James H. Shults, Professor of Physiology and Physics in the State Normal, has resigned, and will resume the practice of medicine. It is said that he is to be the head of the physiology department and secretary of the board of trustees of the proposed Los Angeles College of Physicians and Surgeons, and of the proposed Angelus Hospital. In regard to the latter, Dr. Bryson, who is the secretary, now reports that the hospital will cost \$200,000, and that it is to be located at the corner of Trinity and Washington streets, near San Pedro street. One lady has already taken \$10,000 worth of stock from Dr. Bryson, for which she paid cash.

Mr. A. M. Hellman of St. Louis has recently been spending a few days in Los Angeles. Mr. Hellman is the proprietor and manufacturer of Kudros, an article which is gaining favorable recog-

nition from the profession wherever it has been introduced. While Kudros is especially to be commended as a stimulant in typhoid fever, pneumonia, tuberculosis and all wasting diseases, yet it is also particularly valuable as a vehicle. This is especially the case where it is desired to administer creosote, iodid of potash, the various ammonias, and many other drugs. While it makes these drugs pleasant to take, it at the same time is a very valuable adjuvant. Mr. Hellman made many friends while in Los Angeles, and we all hope that he will visit us again.

Prof. Simon Baruch of the Post-Graduate School of New York City, has been spending a few weeks in Southern California. He came in his private car, bringing his wife and children and grandchildren, and was evidently having the time of his life. While in Los Angeles he kindly responded to urgent requests and gave two lectures on "Hydro-Therapy" at the Medical College of the University of Southern California. These lectures were very largely attended and listened to with the closest attention. He also, by invitation of the president, Dr. W. W. Beckett, lectured one evening before the Los Angeles County Medical Association. He also received many invitations to luncheon

and dinners, notably those of Dr. W. Jarvis Barlow, Dr. Joseph King and Dr. W. W. Beckett.

Dr. Emily Blackwell of New York City has been spending a few weeks in Southern California. She lived in New York for fifty years, but is now making her home at Montclair, N. J. She has spent the last two or three years traveling. She said: "Women's opportunities have increased wonderfully since I was a girl. Then housework and sewing were all that a woman was expected to know or to think about. She might teach, too, if it was necessary for her to earn her living. Now a hundred fields are open to her, and she has what is worth most of all, a chance for acquiring breadth and culture which makes her in every way a better and more useful woman. It seems to me the women are finer and stronger in every way than they were then. They have a greater sense of responsibility and grapple with the problems of society seriously and effectively. They are better mothers, too, and the children are at least as good as they used to be. Of course, there are always naughty ones, and the best of children are hard to manage sometimes, but I think the mothers are certainly improved and the children no worse for the broader education and outlook which has come to women."

BOOK REVIEWS.

HOW TO ATTRACT AND HOLD AN AUDIENCE. A popular treatise on the nature, preparation and delivery of public discourse, by J. Berg Esenwein, A.M., Lit. D., Professor of the English Language and Literature in the Pennsylvania Military College. Hinds & Noble, publishers, 31-33-35 West Fifteenth street, New York City.

Every physician is expected to take some public part in the interests of the community in which he may reside, and to do so he should be prepared to express himself clearly and in an interesting manner in public. This cannot be

done without some special study, and the book before us gives the main ideas needed by one preparing himself for public speaking. The work is not technical, but is practical and of a popular nature. It is divided into four main sections: Part I. The Theory of Spoken Discourse; Part II. Preparation of the Discourse; Part III. Preparation of the Speaker; Part IV. Delivery. The price of this book is \$1, and it will be forwarded postpaid on receipt of that amount.

THE PRACTICAL CARE OF THE BABY.

By Theron Wendell Kilmer, M.D., Associate Professor of Diseases of Children in the New York School of Clinical Medicine; assistant physician to the out-patient department of the Babies Hospital, New York; attending physician to the children's department of the West Side German Dispensary, New York. 12mo. Pages xiv-158, with 68 illustrations. Extra cloth, \$1.00, net, delivered. Philadelphia: F. A. Davis Company, 1914-16 Cherry street, publishers.

This is a very useful, practical work, and contains a great deal of valuable information. Every physician who gets this into the hands of the mothers whom he attends in confinement will find it of great assistance. Often we are asked by mothers what books they can have that will give them reliable information. There will be no mistake in recommending this work on "The Practical Care of the Baby."

THE MEDICAL EPITOME SERIES. ORGANIC AND PHYSIOLOGIC CHEMISTRY. A Manual for Students and Practitioners.

By Alexius McGlannan, M.D., Associate Prof. of Physiologic Chemistry, instructor in clinical laboratory, College of Physicians and Surgeons, Baltimore, Md. Series edited by V. C. Pedersen, A.M., M.D., Instructor in Surgery and Anesthetist and Instructor in Anesthesia of the New York Polyclinic Medical School and Hospital; Deputy Genito-Urinary Surgeon to the Out-Patient Department of the New York Hospital; Physician-in-Charge, St. Chrysostom's Dispensary; Anesthetist to the Roosevelt Hospital (First Surgical Division.) Illustrated with nine engravings. Lea Brothers' Co., Philadelphia and New York.

MORROW ON SOCIAL DISEASES. THE

Relation of Social Diseases and Marriage. By Prince A. Morrow, A.M., M.D., Emeritus Professor of Genito-Urinary Diseases in the University and Bellevue Hospital Medical College; Surgeon to the City Hospital; Consulting Dermatologist to St. Vincent's Hospital, etc., New York. In one octavo volume of 390 pages. Cloth, \$3.00 net. Lea Brothers & Co., publishers, New York and Philadelphia, 1904.

Since unlawful relations between the sexes have come to be known generally as "The Social Evil," the author has adopted the term "Social Diseases" to indicate the infections most usually thus acquired.

War, pestilence and famine are temporary; venereal diseases constantly ravage all grades of society, hence the importance of this new work which occupies a virgin field. As the author says: "In safeguarding marriage from the dangers of venereal diseases the physician becomes the protector of the wife and mother and the preserver of future citizenship of the state." Herbert Spencer says: "The welfare of the family underlies the welfare of society." The author states that 75 per cent. of men have gonorrhœa while from 5 to 18 per cent. have syphilis.

"Oh! what men do, what men dare do, what men daily do, not knowing what they do," is the author's cry.

In speaking of the system adopted in France and other countries in Europe of the official registration of all public women and their examination at stated intervals by physicians the author says:

"Aside from certain odious features, such as the licensing of prostitutes by the State, the inquisitorial character of the power given to the police to arrest upon the street any woman suspected of being a prostitute, etc., this system has proved to be defective as a sanitary scheme. One defect was to consider the public prostitute as the chief or only source of contagion. It failed to reach the large body of private or clandestine prostitutes, who are the most dangerous source of contagion. Its fatal weakness was to ignore the masculine spreader of the contagion." The prostitute is but the purveyor of the infection. She simply returns to her male partner, the prostituant, as he is termed, the infection she has received from another prostituant. In the ultimate analysis it will be found that the male factor is the chief

malefactor." This author simply confirms many other recent observers in announcing the failure of registration, examination and licensing of prostitutes. This system is called Reglementation. Dr. Morrow's work is eminently interesting and instructive.

"THE STORY OF NEW ZEALAND" is by Prof. Frank Parsons, Ph.D., of Boston, the well-known writer and authority on law, economics and sociology; edited and published by C. F. Taylor, M.D., "Equity Series," 1520 Chestnut street, Philadelphia, Pa. It is printed on fine, heavy paper, with over 170 illustrations (many of which are full-page half-tones,) and handsomely bound in cloth; 866 pages; \$3.00 net.

We have read this work on New Zealand and found it of absorbing interest. The authors in giving this story of New Zealand aim to present arguments, drawn from the history and development of that far-away country, in favor of:

- (1) Taxation for special protection, not for revenue only.
- (2) The public or national ownership of land.
- (3) Co-operative methods in public work and private business.
- (4) That veteran laborers, as well as veteran soldiers, should be pensioned.
- (5) That railroads and all other public utilities should be constructed, owned and operated by the government.
- (6) That the government shall loan

money to the people at a low rate of interest.

- (7) The Initiative and Referendum.
- (8) Local option.
- (9) Woman suffrage.
- (10) Short terms for officeholders, especially legislators.

Dr. Taylor, one of the authors, is also an advocate of phonetic spelling, and spells although "altho" and through "thru." Such people keep the world from stagnating. The publishers have made a handsome volume, and all for \$3.00.

THE COMPLETE MEDICAL POCKET-FORMULARY AND PHYSICIAN'S VADE-MECUM: Containing upward of 2500 prescriptions, collected from the practice of physicians and surgeons of experience, American and foreign, arranged for ready reference under an alphabetical list of diseases; also a special list of new drugs, with their dosage, solubilities, and Therapeutic applications; together with a table of formulae for suppositories; a table of formulae for hypodermic medication; a list of drugs for inhalation; a table of poisons, with their antidotes; a posological table; a list of incompatibles; a table of metric equivalents; a brief account of external antipyretics, disinfectants, medical thermometry, the urinary tests; and much other useful information. Collated for the use of practitioners by J. C. Wilson, A.M., M.D., Physician to them German Hospital, Philadelphia, etc., etc. Third revised edition. Price \$1.75; thumb indexed, \$2. J. B. Lippincott Company, Philadelphia.

THERAPEUTICAL HINTS.

The child was extremely ill. Anybody could see that. "What has she been eating?" asked the doctor. "She is just home from a little children's party, where the refreshments were chicken sandwiches, fruit cake, candied cherries, nuts, coffee, chocolate creams and lobster salad," said mamma. Doctor looked perplexed. "Anything else?" he asked. Mamma thought a moment. "Oh, yes! fruit ices," she said. "Ah!"

exclaimed the doctor at once. "Doubtless the water with which the ices were made was not thoroughly sterilized." He shook his head.—*Life*.

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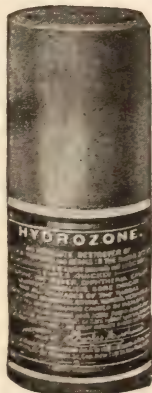
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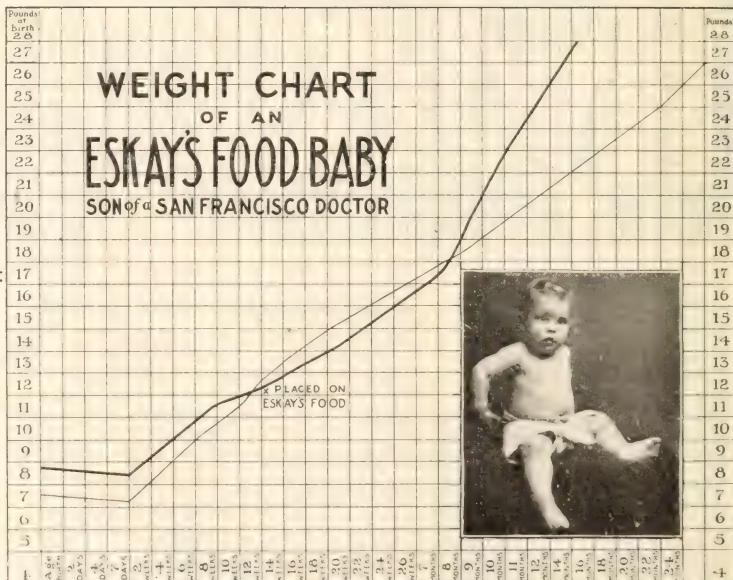
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and the most advanced scientific methods, believing that the interests of the public and the medical profession are alike conserved by our doing so. Our house introduced the syringe-pack-age of serum to the physicians of America, and we have ever striven to co-operate with the medical profession as far as possible. It is, therefore, we believe, sufficient to call attention to the above facts, which completely refute the absurd and maliciously circulated charges which have called forth this statement. Very truly yours,

FREDERICK STEARNS & CO.

Detroit, Mich., Jan. 18, 1904.

TREATMENT OF SNAKE POISONING.—Dr. H. W. Crouse (*Texas Medical News*), concludes an interesting paper on venomous snakes and spiders with the following summary of cardinal points in treatment. Local ligature above and below the wound, loosened at times to prevent strangulation; injections of local coagulating agents, such as a 1 per cent. solution of potassium permanganate or chromic oxide; scarification followed by cupping or sucking; massaging the swollen area; strychnine frequently repeated, to physiologic effects; atropine as a respiratory stimulant; pilocarpine hypodermically, until profuse sweating results; alcohol in small doses; ammonia rarely, early and in small quantities; fluid extract of cedron seed in the dose of five to ten minims; stomach lavage; potassium bromide, calomel; diuretics, diaphoretics, purgatives; artificial respiration for hours. He advises not to allow the patient to sleep long at a time during his first twenty-four hours, and to offset the deep mental prostration by encouraging suggestion.

That petroleum has unique influence upon certain morbid conditions of the animal economy is not a matter of theory only. It is a fact that has been conclusively proven by elaborate, scien-

tific experiments. Clinical experience has likewise demonstrated that petroleum is universally beneficial in the treatment of bronchial and pulmonary complaints, and that in tuberculosis it is by far the most effective remedy. Given in the form of Angler's Petroleum Emulsion it has a well-defined, specific, palliative influence upon the symptoms of the disease. It maintains normal nutrition and actually compels the digestion of food by facilitating and expediting the process of digestion and assimilation. In short, it supplants tissue waste by tissue reconstruction.

CIRCUMCISION.—I wish to enter a protest against the custom of universal and indiscriminate circumcision of male infants. It should be the duty of the attending physician to reflect the prepuce of all male children when they are a month old, relieve the corona glandis of the smegma present, anoint it with olive oil or vaseline, and replace the foreskin. This should be repeated two or three times a month by the mother, and the parts cleansed.—H. E. Tuley, in *Archives of Pediatrics*.

THE DANGERS OF CONSTIPATION.—Ignorance is dangerous, but negligence is worse and almost criminal. It is surprising how many practitioners are either ignorant of or careless about the dangers of constipation, although the symptoms are so marked that even a not very keen observer cannot very well leave these danger signals unheeded. The outward manifestations are obvious in pimples, boils and eczema. The organic manifestations are indicated by sick headache, foul breath, coated tongue, nausea, flatulence, and so on. Ignorance of the proper method of correcting constipation is exemplified in the use of drastic purgatives which exco-riate, gripe and weaken still more the existing impaired peristalsis. A remedy acting at the same time as a cholagogue

and hydragogue, toning up the atonic condition of the intestines and at the same time flushing them without pain and disinfecting the alimentary and urinary ducts, will be found the only correct means to actually and permanently remove the dangers of constipation. Such a remedy is found in Kutnow's Improved Effervescent Powder, which, composed of the health-giving ingredients of Europe's most celebrated mineral springs, acts gently, but effectively on the liver, gall, kidneys and bladder, destroys and removes all toxicant micro-organisms and restores the natural functions to healthy vitality. The medical opinions about Kutnow's powder are undivided all over the civilized world, and the highest authorities have been indorsing its merits for the corrections of a faulty metabolism and the restoring of an impaired peristalsis.

The most conclusive evidence to the doctor of the efficiency of a product is to try it for himself.

Should he have doubts of Neurosine being composed of effective drugs, we suggest that he will himself be greatly relieved from his many pains and aches and restless nights by taking a teaspoonful in a glass of water just before retiring. The refreshing sleep that he will realize will be conclusive evidence to him that there can be no detrimental after effects from the use of Neurosine.

Neurosine is the most powerful neurotic, anodyne and hypnotic obtainable and contains no opium, morphine, chloral or other deleterious drugs.

ADRENALIN IN THE TREATMENT OF THE CARDIAC OF PNEUMONIA.—The writer, Henry L. Elsner, M. D., of Syracuse, N. Y., (*New*

York Medical Journal, Jan. 2, 1904), directs attention to the appalling mortality of pneumonia due to the resulting cardiac toxemia. The prime factor in this disease is a toxemia with obstruction in the pulmonary circuit, leading to cardiac asthenia. Marked changes occur in the right half of the heart, with far-reaching degenerative changes in the muscle, heart-clots, and vasomotor paralysis.

Three remedies meet the indications presented by the circulatory changes due to paralysis of the vasomotor centers, the dilated condition of the arteries and the weakened heart. These are strychnine, digitalis and suprarenal extract or Adrenalin, its active principle. Adrenalin acts on the heart and blood vessels favorably; it does not act on the vasomotor center. Hence, it may be used to assist strychnine. When the vasomotor center is exhausted and blood pressure study proves the inefficiency of strychnine, Adrenalin may still be administered, and, in some cases which seem unpromising, when combined with the method of stimulation about to be suggested, we may carry the patient beyond the critical period to a safe recovery. Suprarenal extract, or Adrenalin, has seemed to the author to act as a needed food in all infections where there is danger of myocardial degeneration. He reports a case of pneumonia, in a woman, the mother of five children, in whom it had been impossible to raise a continually lowering blood pressure with strychnine. The systolic blood pressure was almost immediately raised by the repeated administration at short intervals of fifteen minims of a one to one thousand solution of Adrenalin hypodermatically, and the patient was saved.

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THE RELATIONSHIP OF DISEASES OF THE BRONCHI AND LUNGS TO THOSE OF THE NOSE AND THROAT.*

BY FRANK W. THOMAS, PH. M., M.D., POMONA, CAL.

In these days of specialism in medicine, the upper-air passages present a fertile field for observation and study. But no specialty can be divorced from the parent stock of medicine in general, and become, as it were, an appendage. It must take an active part in the solution of problems pertaining to the whole system as well. While on the other hand, the general practitioner should not fail to recognize symptoms of disease in special organs which might be of the greatest importance to him in the management of his cases.

The inborn sympathy that exists between the different parts of the human organism in the case of disease cannot be ignored.

The relationship existing between many of the general diseases and those of the nose and throat is both interesting and important, either from a diagnostic or pathologic standpoint.

The upper air-passages, comprising the nose, pharynx and larynx, present a canal of varying form and diameter, lined in its entire extent, except when the respiratory and alimentary tracts cross each other in the pharynx, by mucous membrane, covered with ciliated columnar epithelium; so that nose, pharynx and larynx imperceptibly merge one into the other without the interposition of a sharp line of demarkation. It follows that pathological changes in any portions of the upper air-passages are not sharply limited in their local effects and ultimate consequences, but invade adjacent areas quite irrespective of the anatomic boundaries. It is well known that catarrhal affections, for instance, of the upper air-passages are not limited to a circumscribed area; they display, on the contrary, a peculiar descending character, as it is called, beginning in the nose as an acute rhinitis and invad-

*Read at the Southern California Medical Society, Redlands, Dec. 2, 1903.

ing at certain definite intervals the pharynx, larynx and bronchial tubes. With some of the infectious diseases, especially diphtheria, the case is quite different; the local manifestations may appear, first, either in the pharynx or in the nose, usually in the pharynx, as a matter of fact, and spread from that region either upward into the nose or downward into the larynx. Looking further down toward the lungs, we find a large influence exerted upon disease in those organs by irregularities of the upper air-passages.

A glance at the significance of the act of respiration is important in this connection. The air-passages should not be looked upon merely as canals for the transmission of inspired air, for each segment has a special function of its own, and contributes to the preparation of the air for reception in the lungs, and this function cannot remain in abeyance without detriment to the organism. For instance, the nose, the portal through which the air gains admittance to the body, is charged with the duty of preparing the air for entrance into the deeper air-passages, by removing foreign substances, by warming the air, and imparting to it the requisite degree of moisture, as well as to protect the organism by means of the sense of smell and the nasal reflexes. One of the most important of these functions is that of supplying the necessary moisture to the inspired air, a function which the mouth is unable to perform. The nose thus relieves the bronchi and lungs of an onerous duty, which falls on them to a much greater degree if respiration is performed through the mouth. To enable it to supply the required amount of moisture, the nose is endowed with unusual secretory activity, which, according to physiologists, is derived largely from the abundant supply of serous and mucous glands, and from an extensive system of lymphatics.

Mouth-breathing is generally regarded

as injurious to good health. The oral cavity is not adapted to replacing the nose in the act of breathing. The width of the oral cavity is such that the air-current encounters no resistance, and consequently its progress is not retarded as it is in the narrow passage of the nasal cavity, and no time is afforded for warmth, purification and saturation. The less abundant vascular supply, and the absence of cavernous tissue which regulates the temperature in the nose, and the absence of an abundant watery secretion in the oral cavity, show a different function. Besides, the epithelium in the mouth is of the squamous variety, and therefore incapable, in contradistinction to the ciliated columnar epithelium in the nose, of removing anatomically and physiologically any deleterious substance in the air-current. All these differences combine to make the mouth unfit to supply an air-current which would be other than injurious to the organism. Mouth breathing naturally becomes a habit if obstruction is situated either in the nose or in the post-nasal space. These obstructions may be from hyperplasias and tumors in the nose, structural anomalies, deviated septum, cystic formation, etc., which occlusion of the posterior nares may be caused by tumors in the post-nasal space, and especially by adenoid growths in the vault of the pharynx.

The evil effects of mouth-breathing first manifest themselves in the mucus lining of the pharynx and larynx, which become dry because the air has not been properly prepared and saturated. Dust particles are deposited first in the mucous membrane of the mouth and oral pharynx, and later make their way into the larynx and deeper air-passages. The constant irritation of the dry and impurified air coming in contact with the mucous membrane of the upper air-passages gives rise, as can readily be understood, to chronic catarrhal conditions. Thus it is found that mouth breathers, as represented typically by children in

the early stages of enlarged tonsils, are prone to become the subjects of catarrh of the upper air-passages, of recurring pharyngeal and laryngeal catarrh, and of acute bronchial catarrh; which, if the condition continues, usually develops chronic bronchitis that can seldom be permanently cured without restoring proper nasal respiration. This is particularly true in children of the so-called scrofulous habit, in whom the hypertrophy of the lymphatic elements in the post-nasal space is followed by occlusion of the posterior nares.

In atrophic conditions of the nose, coupled, as they are, with metaplasia of the epithelium, foreign bodies and disease germs contained in the inspired air cling to the walls of the cavities, and eventually penetrate into the deep air-passages. This condition is particularly noticeable in persons whose occupation obliges them to breathe impure air laden with dust particles, whether mineral or vegetable, as, for instance, coal dust, or stone dust, which is easily carried down with the inspiratory blast and lodged in the bronchi. In this way the various forms of pneumoconiosis, anthracosis and chalicosis are developed. The question naturally arises, if inspired air laden with dust and disease germs produces disease in certain instances, why does not every individual fall a victim to disease in whose nostrils and throat bacteria are found? Considering the number of bacteria contained in the air, and the great quantity of air that passes through the nose, we would naturally expect to find a very large number of micro-organisms in the nasal chambers, and, as a matter of fact, we do. Opinions are divided on the fate of the germs introduced into the nose, both as to the depth to which they penetrate into the nose and as to their behavior therein. Some investigators hold that the nose is a playground for all kinds of bacteria. Others have recently advanced the theory that the germs are arrested in the

vestibule, and only in exceptional cases and in small numbers penetrate into the deeper portions of the nose. The question also naturally arises whether the nasal mucus has a bactericidal power or not. Some authorities believe that it has. At any rate, it must arrest the growth of the germs to a certain extent, and the soil is beyond doubt an unfavorable one for the development of micro-organisms in the majority of persons. The conditions in this respect are analogous to those found in the oral cavity, which contains even a greater abundance of bacteria. The mere presence of germs is evidently not in itself injurious to the nose. Other factors must be taken into account—the number and virulence of the pathogenic germs which gain entrance; the disposition of the individual, and his ability to resist disease; the presence of other bacteria which either assist or retard the growth of pathogenic varieties.

Diseases of the lungs may owe their origin to direct extension of disease of the upper air-passages, as, for instance, chronic bronchitis may result from chronic atrophic catarrh, or from suppurative processes in the nose or its tributary cavities, or from the post-nasal space. Under such circumstances, the bronchitis may prove very obstinate, especially if pus trickles down from the nasal pharynx into the deeper air-passages, and sets up a chronic irritation which may extend to the trachea, bronchi, lungs or pleura. In cases of marked atrophy of the mucous membrane with ozæna of the nose and pharynx, experience teaches us to expect not only chronic bronchitis, but also emphysema and asthmatic attacks. Such conditions are more frequently seen in elderly people who have for many years suffered from bronchitis due to ozæna.

We pass next to note some of the changed conditions in the upper air-passages due to disease of the lungs. The most important alterations occur as

a result of the irritation of the mucous membranes by the passage of the secretions. Any chronic disease of the lungs in which sputum is secreted is followed sooner or later by chronic laryngeal and pharyngeal catarrh, the intensity of which is in direct proportion to the amount and consistency of the expectorated material and to the amount of effort required to effect its expulsion. Hence, asthmatic and emphysematous patients, whose bronchi are filled with tenacious sputum which requires severe coughing and straining to remove, suffer more from inflammatory conditions of the upper air-passages than do those who have a simple bronchitis with watery secretions which they can expel without straining the muscles of the throat and neck.

A form of ascending catarrh of the air-passages has been described, beginning with bronchitis and terminating in acute laryngitis and pharyngitis. Emphysematous individuals suffer from congestive catarrh, and are prone to have hemorrhages.

Another interesting complication of lung diseases occasionally seen consists in paralysis of the larynx, the occurrence of which after disease of the lungs and pleura is explained by the course of the recurrent laryngeal nerve. The plications which form in the pleura over the apices in chronic inflammations, according to this theory, are very apt to include the nerve, especially on the right side, when such a complication is favored by the relation of the nerve to the subclavian artery; and, on the other hand, indurations of the apex may, during cicatrization, exert traction on the nerve. Such complications are found in chronic indurations of pleuritis, or tuberculous consolidations.

Tubercular conditions found in the upper air-passages in connection with tuberculosis of the lungs, presents an important complication, and the mode of infection in such cases has given rise to

much discussion. Various opinions have been expressed with regard to the path by which the tubercle bacilli effect an entrance into the tissues. The mode of origin depends largely on whether the tuberculosis is considered as a primary or a secondary disease, since if the pathogenic germs first become localized in the upper air-passages, the infection may be derived from the inspired air and the food digested; which, if we assume a primary tubercular focus in other organs, as, for instance, the lungs, secondary infection of the upper air-passages may take place either from within, by way of the lymphatic and vascular channels, or from without, by direct infection of the mucosa through the agency of tubercular sputa.

Formerly, primary tuberculosis of the upper air-passages was not believed to occur, but more recent investigations show that such may be the case, exceptional though it may be. Strassmann, German investigator, found tonsillar tuberculosis in thirteen out of twenty-one tubercular cadavers; another found twenty-one out of twenty-five cadavers. Others have given similar reports. Primary tuberculosis of the larynx must be regarded as rare, but post-mortem evidence has been produced to establish the possibility of its existence. The most frequent, not to say regular, form of infection met with in the upper air-passages, must be the secondary one, brought about by direct contact with the infected sputum, or through the lymphatics and blood-vessels. In view of clinical experience and anatomical knowledge, an eminent authority, after discussing this subject, concludes that it seems more reasonable to recognize infection of the larynx by way of the lymph-channels, as probably most frequent; and infection by contact of sputum in those cases where there is erosion or ulceration of the mucous membrane of the larynx, pharynx, or nasal passages, as the case may be.

THE MANAGEMENT OF PNEUMONIA WITH SPECIAL REFERENCE TO HYDROTHERAPY.*

A LECTURE DELIVERED AT THE COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES, CALIFORNIA, ON TUESDAY, 16TH OF FEBRUARY, 1904, BY DR. SIMON BARUCH, OF NEW YORK.

Ladies and Gentlemen: You have just heard from Professor King how fatal pneumonia is, even in Southern California. I regret to tell you that this disease ranks in the mortality statistics of New York and other cities second only to pulmonary tuberculosis. This winter an extraordinary epidemic of this disease has prevailed in New York City and elsewhere, claiming from three to five hundred victims every week. The public has become alarmed at this great mortality to such a degree that the newspapers have sought interviews with the leading physicians in the larger cities for the purpose of learning something definite about the nature of this scourge and of the means which physicians possessed for repelling its onslaughts. Among these expressions, one has struck me as particularly wise. Professor Bevan of Chicago stated that we have no remedial agent capable of curing this disease, and he might have added that the recognition of this fact by the advanced members of the profession is the first step toward a more successful management of the disease than is commonly resorted to. What Professor King has just told you of Professor Osler's statement that pneumonia is the captain of all diseases, is true. Since the day of Hippocrates, the disease has been regarded as an enemy which has invaded the human body and which must be assaulted with the most powerful agents in the materia medica. I will not weary you with a recital of the latter. Venesection was the chief agent which was hurled against this disease in former times; then came mercurials, tartar emetic, blisters, cupping, vera-

trum, aconite, etc., until the expectant method was evolved by Jacob Bigelow of Harvard University and Dietl of Vienna. The latter felt so mortified by the results of the spoliative methods in vogue in his day (1835) that he visited the St. Elizabeth Hospital (in which homeopathic treatment was applied,) for the purpose of learning the reasons for the success which the homeopaths obtained in pneumonia. He verified the reports, and learned that the treatment was distinctly homeopathic so far as medication was concerned, and that they sustained their patients by fluid diet of substantial nutritive quality instead of the weak gruels on which his own patients were starved as an antiphlogistic measure. Concluding that their infinitesimal doses were not only nugatory, but absolutely innocuous, he regarded their success as the result of the healing powers of the human organism—*Vis Medicatrix Naturæ*. Thus was evolved the expectant method by adding various medicinal agents which each practitioner regarded as indicated. The teachings of Bigelow and Dietl were forgotten, however, in the anxiety of most physicians to pursue active treatment in the presence of a dangerous disease. The expectant method was revived by Hughes Bennet of Edinburgh and our own Austin Flint, in the latter half of the last century. I clearly remember the last case of pneumonia I *attacked* by medication and spoliative methods. The patient was a strong mountaineer, who came under my care in a military hospital during the Civil War. All the physical signs of pneumonia of the right lung were present. The chief surgeon

*Principles and Practice of Hydrotherapy, by Simon Baruch, M.D. · Wm. Wood & Co., New York. Second Edition, p. 169.)

ordered several wet cups over the right chest, small doses of calomel every two hours, to "touch the gums," a hot poultice over the diseased part and veratrum viride to reduce the pulse from 140. The veratrum was administered in progressive doses every three hours, until the pulse was reduced to 80°. The patient collapsed and frightened me into a resort to stimulants and cessation of the medicines when the pulse had reached 90. On the following day my chief pointed out the beautiful effect of this "treatment" in producing resolution. The calomel was resumed in less frequent doses. On the next day the left lung became involved. Resolution ceased in the right lung. Calomel and tartar emetic in small doses were continued and a blister was applied over the left chest. Three days later the patient died with a necrotic deposit on the blistered surface, indicating the depreciated condition of his vital powers. I have always regarded this case as one in which the pneumonia got well, but the patient died—from the despoiling effects of the treatment by which the disease was attacked. For several years I pursued the expectant plan of Bennett and Flint with unsatisfactory results among the negroes, while practicing in the South, and a fairly satisfactory result among the whites of the South and North. The mortality continued large for many years, until the newer management of this disease was evolved. The chief reliance in this method which I have practiced successfully for the last ten years has been upon the *Vis Medicatrix Naturæ*, aided by slight and harmless medication when necessary, and chiefly seconded by physical remedies which I shall presently detail. Let me impress upon you with all the earnestness that I can summon that you have in your contest with disease and death a powerful ally in this healing power of nature, and I may say to you, with Oliver Wendell Holmes, who wrote in 1850,

that, with the exception of a few medicinal agents (you may count them on the fingers of your hands,) "if the entire materia medica were cast into the sea it would be better for mankind and worse for the fishes." Surely, you are aware how this healing power of nature defends the human organism against a staphylococcus invasion when an unclean foreign body enters the skin and subjacent areolar tissue. Heat, redness, pain, the manifestations of inflammation, are observed. If the foreign body is not removed, all the defective forces of the organism are summoned to meet the invader, diapedesis of the white cells ensues, a protective wall of infiltration surrounds the invader, suppuration takes place and the foreign body is expelled spontaneously after a longer or shorter time. An analogous process is set in motion in pneumonia when the Sternberg-Fraenkel diplococcus enters the body, locates in the lung and sets up an inflammation. The organism attempts to limit the extent of the latter, but the peculiar structure of the pulmonary tissue and the peculiar habit of the diplococcus to multiply rapidly impresses this process with peculiar tendencies. The life and death of the rapidly multiplying diplococcus cause the production of toxic materials which seriously affect the central nervous system, the heart and the excretory processes. This is the chief lethal factor in pneumonia, and not, as was formerly taught, the interference with the oxygenating function of the crippled lung. The truth of this view is proved by the fact that while a few hours before crisis is established in this disease the patient's life seems in eminent peril, his temperature high, his pulse rapid, his face cyanotic, his vital powers prostrated, his breathing distressed; a few hours after the establishment of crisis all is changed. Temperature, pulse, breathing are almost normal despite the fact that the hepatization of the affected part is still present. The

diplococcus infection has reached its natural termination; the manifestations of pneumonia being due to the latter have ceased, but the lung still being filled with exudates is still crippled, and yet the breathing is but slightly embarrassed. Nature has accomplished a miracle which human ingenuity, with all its boasted progress, has failed to imitate.

Pneumonia is really not any more a lung disease than is typhoid fever an intestinal disease. It is characteristic of the Sternberg-Fraenkel diplococcus to expend its primary force upon the lung. It is a characteristic of the Eberth bacillus to affect primarily Peyer's patches. In many respects there exists striking analogy between the two diseases. Like typhoid fever, croupous pneumonia is rare in very young children, and most fatal among the vigorous middle-aged; its prognosis is seriously affected by the patient's previous habits and mode of life, alcoholism, etc. Both have a definite course, differing only with the difference in the nature and mode of development of the etiological micro-organism. In pneumonia considerable time is required for the lung to resume its healthy natural condition after the serious manifestations of the disease have ceased; in typhoid fever the intestinal glands continue tender after the fever has ceased, so that great care must be exercised in regard to diet, etc. The success attending the newer management of typhoid fever has led me to adopt a similar management modified only by the differences impressed upon it by their origin and progress. What are the elements of this newer management of pneumonia?

First—Absolute rest. The patient must be completely isolated from the family and friends, under the care of a nurse or member of the family; he must not be allowed to leave his bed for any purpose; all mental and physical effort must be avoided.

Second—Ventilation of the sick room. This must not be perfunctory. Examine for yourselves how far the window is open, and if the passage of air through this opening is not obstructed by a window shade. Even in cold weather there must be constant access of fresh air to the sick chamber; if the nurses find it uncomfortable, let them wear more clothing. A febrile temperature prevents the contraction of a cold which is so much feared. Give your patient plenty of oxygen in this manner in the early stages, and he will require no oxygen inhalation later. The latter appeared to me irrational, because the law of diffusion of gases by which the residual air in the air cells is supplied with oxygen precludes the saturation with concentrated oxygen gas.

Third—Drink. The patient should receive four to six ounces of water at 40° F. (ice water, prepared some time previously) every hour. In order to insure the methodical administration of this ice water, I often order a few drops of hydrochloric acid or other placebo to be taken in 4-6 ounces of ice water every hour. I may say here that the sudden contact of very cold water with the mucous membrane of the stomach produces the same shock and reaction and consequent enhancement of the circulation which results from a similar application to the skin. This is evident when in summer, after drinking ice water, the body perspires profusely. The flow of urine is considerably increased, much more so than by the imbibition of larger quantities of tepid water. This is an important point and but imperfectly understood.

Fourth—Stimulants. Under the management of pneumonia which I recommend to you, stimulants will become unnecessary, except in alcoholics, who are accustomed to them as a daily pabulum. I have recently seen in consultation a case of influenza pneumonia which I saw with Dr. H. A. Rogers of

New York, the patient being 68 years old, a diabetic, and the urine giving acetone reaction. Both lungs became successively involved; the case was desperate, and yet the management here outlined sufficed with but little stimulation to carry the case to a successful issue (of course the acetonuria was met by large doses of bicarbonate of soda.) In a case of pleuro-pneumonia in a member of my family, whom I brought to this favored clime for convalescence, two teaspoonfuls of brandy, for the purpose of cheering him (by suggestion) was the only stimulant administered, although the case was of very severe type, the temperature reaching 105° F. Alcoholics may receive one-half to one ounce of brandy every three or four hours, according to their previous habits.

Fifth—Medication. I still have the Southern habit, which has so often served me well to open all cases of pneumonia with eight or ten grains of calomel for the purpose of clearing the decks for action, as it were. The calomel is administered dry upon the tongue and the mouth is well rinsed with water mixed with the calomel before the latter is swallowed, for the purpose of preventing ptyalism and destroying all diplococci that may be present in the mouth. Several copious movements are usually the result, and if these are absent citrate of magnesia is administered. Avoid the small doses of one-tenth of a grain very frequently administered, which have become the vogue. They tease the intestines and disturb the patient's rest by the necessity of frequent administration; they do harm by interfering with absolute rest and irritating the intestinal canal needlessly. Strychnia is sometimes useful when the first sound of the heart becomes feeble. It should be administered hypodermically in doses of one-sixtieth to one-thirtieth of a grain every six hours, under these conditions of cardiac failure. Small doses of the coal-tar preparations are

sometimes useful as calmative agents when the patient is restless with high temperature. One dose of six or eight grains of ammonol will produce sleep and quiet the patient; it should not be administered oftener than once in twenty-four hours. You remember how I inveighed against the routine use of antipyretics in typhoid fever in my last lecture. Its routine use for temperature reduction is just as irrational and damaging to the heart and excretory organs in pneumonia.

Sixth—Hydrotherapy. This is the most efficient single remedial agent to aid the human organism in its battle against diplococcus infection. The judicious application of water below the temperature of the skin fulfills all the therapeutic indications in pneumonia.

In the pneumonia of children under 8 years the tub bath, not less than 85° F., with constant friction for six to ten minutes, is extremely useful, wherever the rectal temperature is over 102° F. The usual results of calming the patient, deepening inspiration, furthering expectoration, reducing temperature, and invigorating the heart ensue, if it is repeated not oftener than four hours. Sleep, if natural, must never be disturbed. In adults I do not apply the tub bath because of the disturbance of the patient, which I regard as more damaging in pneumonia on account of the usual complication with pleurisy than in typhoid fever. Another reason of my discontinuing the cold tub bath is that the toxæmia in pneumonia is rarely so intense as in typhoid fever, and the temperature yields more readily in the former. Therefore, I apply a milder hydropathic application—the wet compress. The wet compress consists of three thicknesses of old linen, cut in the shape of the old-fashioned oil-silk jacket or of a man's waistcoat, open at the shoulders; this is wrung out of water at 60° F., applied around the entire chest and snugly covered with a similarly-shaped piece of

flannel, a little larger in size than the linen, and without any impervious covering. I might say that I apply it also in children between the baths or without them; (demonstration of the compress made before the class.) This compress is repeated every hour while the patient is awake until the rectal temperature reaches 99.5° Fahr. The compress is never removed from the chest, unless it is thoroughly warm. Sleep is never disturbed for any purpose in pneumonia, when it is natural. The application of cold water to the chest in this manner fulfills the following therapeutic indications:

(a.) The gentle shock and reaction following it produce a refreshment of the nervous system; inspiration is deepened, dyspnoea, which I regard as a manifestation of diplococcus infection rather than of pulmonary obstruction, for reasons already explained, is relieved. The patient brightens up and feels refreshed and braced up. My last patient informed me he longed for a renewal of the compress, whenever he felt himself lapsing into feverish stupor.

(b.) Heart failure is prevented. Paessler of Leipsic has shown before the congress of physicians in Carlsbad, in 1903, which I attended, that heart failure in infectious diseases is due chiefly to interference with the peripheral circulation and not to degeneration of the heart muscle by hyperpyrexia. Injection of diplococci into rabbits has demonstrated this and thus confirmed what Romberg and others have stated previously, and what I have clinically observed and published many years before these laboratory experiments were made. My observations at the bedside had long ago convinced me (the uses of water in modern medicine, 1891,) that by improving the circulation in the cutaneous arteriols by cold hydiatric procedures and thus enhancing the vigor of the blood current in the tonically dilated vessels of the skin, the vaso-motor sys-

tem was stimulated, and by reason of the increased resistance at the periphery, the ventricular impulse was increased, the dirotic character of the pulse removed or diminished, the pulse rate lowered and stases due to peripheral emfeeblement removed. Thus a vis-a-tergo was established which reacted favorably upon the heart and improved the circulation in a natural way. Giving digitalis or alcoholic stimulants to a patient threatened with heart failure is irrational, while the prevention of heart failure by cold applications is certainly physiological.

(c.) The elimination of toxines is furthered by reason of the improvement in the circulation; the quantity of urine is increased (I have seen 120 ounces in one case;) the toxicity of the urine is enhanced, as has been demonstrated by laboratory experiments (Roque and Weil.) The wet compresses, repeated hourly, cause, when they are warmed by the feverish skin, perspiration—another eliminative process. The alkalinity of the blood has also been shown to be increased (Tossinari.) This is correctly regarded as an aid to phagocytosis, and thus assists in the elimination of toxines.

(d.) Temperature is reduced, after each cold compress; the sudden abstraction of heat is followed by reaction which warms the damp linen; the moisture evaporates through the thin flannel covering; cooling of the skin is the result; you may easily observe when the heated linen is removed, the skin feels cooler than the linen. See to it, I beg you, that the nurse in her laudable desire to keep the bed dry does not apply oiled silk over the compress; this would convert it into a poultice, the effect of which would be relaxing. The object in view would thus be defeated; a warm poultice relaxes the vaso-constrictors, rendering the cutaneous circulation sluggish; a cold compress stimulates the vaso-dilators, enhancing the propulsive action of the arteriols of the skin. Tem-

perature reduction is not very large, but it is steady and enduring.

A peculiarity of this newer management of pneumonia is that crisis is not often observed; lysis is the ordinary resolving process. After the acute manifestations have subsided, temperature and pulse being normal, the patient may be allowed to arise, and after a few days may be allowed to ride in the open air if the weather is propitious, even though the physical signs indicate that resolution, or rather involution, is not complete.

Clinical Results. After all, the clinical results in pneumonia are the tests of the correctness of its management. In my hospital service the mortality has been reduced over 50 per cent., as shown by 156 cases collected by Dr. Albert Wittson of New York. The mortality under this newer management has been 12 per cent. Considering the desperate character of the cases brought to the hospital in its ambulances, and the fact that they are sometimes almost in articulo mortis; that they are frequently poor Italians and besotted people of the lower type of all nationalities, this is not a bad record. In a fairly extensive

private practice, I may say, with some hesitation, but with entire sincerity, that during the last ten years I have been under the necessity of reporting only one death from primary croupous pneumonia to the Board of Health. The number of cases I cannot state, but I am willing to accept the verdict of the statistics of the New York Board of Health. They will confirm this statement. I trust that I have succeeded in making clear to your minds that the newer management of pneumonia cases does not depend upon any remedial agent for curing the disease; (2) that it is based upon the conservative tendencies of the human organism, which must not be embarrassed by powerful medicinal agents, but aided and encouraged by every hygienic and remedial agent which may favorably influence the natural course of the disease. (3.) Careful watching of the patient, and earnest attention to the minutest detail in the management of the case, are elements of success. I cannot impress upon you with too much emphasis, that in these therapeutic principles you will find comfort and satisfaction for yourselves and restoration of health for your patients.

COTTON MATHER, ZABDIEL BOYLSTON AND INOCULATION.*

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In these days of public hygiene few of us, laymen or physicians, appreciate the ancient prevalence of smallpox and the dread of it always present in the hearts of men. One writer has said that if an observant modern man could be transported to the London streets of a hundred years ago, the most noticeable thing he would observe about the men and women would be, not the dress or language so much as the ever-present pock-marked faces. For centuries, even

before the dawn of history, smallpox raged. Sixty per cent. of mankind were attacked by it, and 10 per cent. died of it.

In the time of the epidemics whole villages were depopulated and savage tribes were annihilated. Its spread was world-wide. The Persian Rhazes, in the ninth century, was the first to write clearly of it; but the Chinese tell of ravages centuries before that, and claim the use of inoculation as early as A. D. 59.

Like most ancient diseases, it was said

*Abstract from "A Narrative of Medicine in America." Philadelphia, 1903. J. B. Lippincott Company.

to come from the East—from India, probably, the home of the race. By some writers it is thought to have remained there endemic, and not to have reached Europe until brought by the returning Crusaders. America, at any rate, was free from it in the old Indian days; but soon after the coming of Columbus it spread to the Western Hemisphere, appearing first in the West Indies in 1507. The island Indians died of it like sheep; among no people was the mortality ever so great.

Smallpox soon spread to the continent. The Englishmen found it here when they came. Indeed, that famous pestilence which invaded New England shortly before the Pilgrims arrived, was smallpox, without doubt.

Says Cotton Mather:

"The Indians in those parts had newly, even about a Year or Two before, been visited with a prodigious Pestilence as carried away not a Tenth, but Nine Parts of Ten (yes, 'tis said Nineteen of Twenty) among them, so that the Woods were almost cleared of those pernicious Creatures to make room for a better Growth."

But the pestilence did not spare the "better Growth." No sooner were the English settlements made than smallpox began to be known in their midst. Douglass reports a series of epidemics. There was the Indian one of 1617, when the Pawkunnawkutts and Massachusetts were nearly wiped out of existence. Then those later epidemics which befell the colonies in 1633, 1663, 1666, 1668, 1677, 1688, 1690, and 1702—grievous years for our ancestors, long to be remembered, and carrying desolation to thousands in the infant colonies.

Two of the most notable advances in the science and practice of medicine which have been made in this country originated in Boston. Both received their initial impulse from men not strictly within the ranks of physicians, and from both arose notorious contro-

versies and scandals almost without precedent in modern science.

In the first half of the eighteenth century the introduction of inoculation for the smallpox rent the profession and society as well. In the first half of the nineteenth century the introduction of ether anæsthesia raised a storm of jealousy and controversy which to this day has hardly subsided.

In some sort, the first of these events was so conspicuous and so important in medical annals that the story of it and of the men concerned illuminates those days. The leading *dramatis personæ* were four, one of them already notable, Cotton Mather; the others were William Douglass, Zabdiel Boylston and Lawrence Dal 'Honde. There were many lesser ones; youthful Benjamin Franklin most articulate among them.

Some brief words of these men must needs be said.

Cotton Mather, the distinguished politician and divine, is too well known to need remark, and the recent work of Mr. Barrett Wendell, instinct with life, has brought him familiarly to modern sight. In 1721, the year of the inoculation fight, he was beginning to grow old, the "Magnalia" was many years written, and the witches had long been burned. Still, his active mind concerned itself with many things, not least of all with the science of the day.

William Douglass was one of the most interesting Bostonians of the first part of the eighteenth century. In certain ways he reminds one of Cotton Mather; obstinate, pessimistic, a hard fighter, a good hater, a worker; but a scamp, perhaps; certainly a liar. Everything one hears of him is either good or bad. He was born in Scotland about 1690. His education was broad, in the old sense. He was graduated in medicine and afterward spent some time on the Continent, especially in Paris, for study and observation. Then he drifted to the West Indies and America. Passing through

the middle colonies, which he disliked, he came at last to Boston, which he despised, and there he settled. The wonder is that he stayed there; he detested the Puritans, their creed, their mode of thought, and their manner of life. As simple James Thacher, with pleasant lack of humor, puts it, "his notions of religion were very loose and unsettled."

On his coming to Boston, Douglass began at once to bestir himself in various ways. He was far from inarticulate, and with the insolent freedom of a youthful traveler he aired his opinions of men and affairs. His introductions were good, and he was an ill man to overlook. He had brought letters to Mather, but Mather snubbed him. Here, indeed, the trouble began. It was in 1718 that he came to Boston. Three years before the inoculation days—three years not wasted by your adventurous Scot—busy with tongue and pen, he had become a personage 'ere ever the trouble began. Of him more later.

Perhaps the most distinguished, if not the most interesting, physician of the little Boston group of those days, was Zabdiel Boylston, an orthodox person certainly, very properly and securely placed. His father, Dr. Thomas Boylston, an Englishman, with the M.D. of Oxford, had settled in Brookline, Massachusetts, in 1635, the year before the founding of Harvard College, and in Brookline the son Zabdiel was born, in 1684, so that he was about six years the senior of the irascible Douglass.

If we are to follow the record of the credulous Thacher, young Boylston studied medicine with his father, to whom we must credit not only astonishing physical, but abnormal mental powers, for he played the pedagogue in his nineteenth year. The son also studied with Dr. John Cutter, a man of some local reputation, and to him, doubtless, he owed most. That he received the doctor's degree does not appear. A studious, earnest, intelligent man he

proved himself, at all events; given to botany and kindred pursuits; married to Jerusha Minot, and the father of many children.

It is a great name in Boston, with some reason, let us believe, for he represents that type of steady conservatism joined to scholarship and readiness to accept the new in demonstration, which we admire in all ages. Some touch of genius, too, he must have had; certainly he saw his occasion and seized it—his hand turned to the need of the hour, his eye betimes on the distant future. Surviving the present storm, he lived for many years, outlasting his old adversaries, Douglass among them—converted at last; and he died almost at the end of the colonial chapter, in 1766.

Much less notable than the men already mentioned was Lawrence Dal 'Honde, a busy Boston physician. We know very little of him beyond his connection with the inoculation business. He was a Frenchman, who had had a long career with the armies of his own people; a checkered career, it seems, profitable for the experience of larger things it gave him. In the year 1721 he was no longer young—fifty years old, at least; but a strong, bitter, and perhaps unscrupulous partisan. His opponents say that he told lies, which is doubtless true, though there is no special evidence of that in the quotation which they cite.

Such were the four men, as we gather their obscure, distorted history; very human, indeed, and of types not always associated with our notions of Puritan Boston.

There is something in the nature of our race that prompts us passionately to oppose the man who comes to remedy great evils. History is full of such evidences. The case of Socrates is not unique; but, after all, the truth at length prevails. In their blind anger men sacrifice their benefactors, and then defy them when convinced at last that

no false prophet was there. It is the charlatan and imposter that we fear; so we kill the man of good works, and later tell how he was no knave.

Something of the old story came near being told in Boston in those early days, with Boylston as the victim and Douglass in the role of malignant high-priest. The tragedy was not played out; no blood was spilt, but not from lack of appetite.

When Lady Mary Wortley Montagu came from Constantinople in 1721, and told in London about the Turkish inoculation for the smallpox, it was promptly discovered by the wise that there is nothing new under the sun. Some form of inoculation had been practiced for centuries among the peasantry in South Wales. They called it "buying the smallpox," and they pricked the virus in with pins. In the Highlands of Scotland, too, the practice was not unknown. There the operation was performed by tying infected threads about the wrists of children. The antiquity of the custom among oriental peoples is well vouched for.

But all this after-thought is beside the mark. It is not antiquity, but authority, which counts in therapeutics as in most other things of the world, and the authority of Lady Mary Wortley Montagu and her sponsors first gave inoculation a place among thoughtful people. Not without opposing tumult, however; heathen and Christian raged fiercely. The common people were frightened, the learned were skeptical and bitter, and the clergy preached against subserving the decrees of Providence and resisting the punishments of God. The sword of the Lord and of Gideon was held over the heads of the impious innovators. Indeed, the reverend gentlemen vicariously dispensed damnation with a freedom and assurance that would have done credit to their Puritan grandfathers.

In 1732 the Rev. Mr. Massey preached

from the text of Job xi, 7: "So went Satan forth from the presence of the Lord, and smote Job with sore boils from the sole of his foot unto his crown," concluding that "the cutaneous disease of Job was produced by inoculation from the hands of the devil, and the whole art was of infernal invention."

We are familiar with the vulgar opposition to vaccination at the present day—an opposition based on fanaticism and ignorance, though rarely fierce; so we may imagine the virulence of the fight against inoculation two hundred years ago, based on a legitimate fear of contagion and worked up to a fantastic terror by popular ignorance and superstition. The same scenes were enacted the world over; professional outcries, clerical diatribes, legislative discussions and mob violence.

Our American ancestors have taken credit to themselves that the institution of inoculation sprang up *de nova*, as it were, in our midst; not the gradual spread to our shores of a practice tried and proved in Europe, but started voluntarily and originally by our own people. Cotton Mather was at the bottom of it, and his part in the propaganda was not the least honorable effort of his active and varied career. The occasion brings the man, and it was so in this case.

When William Douglass came to Boston he brought an introduction to Mather, as we have seen, but was never able to make headway in that quarter. The strenuous old theologian took no interest in the voluble young skeptic, and though Douglass was forced to admire, and tried to cultivate the elder man, the compliment was in no way returned. Still, Douglass sought him out, and, among other evidences of his regard, supplied him with the more recent scientific literature of the day, brought by him from London. Among such papers, Mather read, in the early days of 1721, when smallpox was beginning to prevail

in Boston, the famous paper by Timonius, on "Turkish Inoculation." To the student of medical history it is no surprise to learn that the paper, hitherto almost unnoticed, was already four years old.

Dr. Emanuel Timoni Alspeek, who was graduated both at Padua and at Oxford, was residing in Constantinople in the year 1703, and was then struck by the instances which he witnessed of the mitigated nature of smallpox when the virus was artificially communicated to the human frame. He wrote an account of his observations to Dr. Woodward, by whom it was inserted in the *Philosophical Transactions* of the year 1717. Pilarini, a Venetian physician, also published, in 1715, at Venice, a statement of the success of the Turkish practice.

At the present day, with the rapid advance of medical science and with the daily press teeming with tales of new discoveries and methods, we know how frequently the imagination of the average layman is fired by the idea of some new "cure," and we know what humbug it all is, mostly. Somewhat the same conditions obtained in those old days of Mather, probably; the layman exploited and the doctors scoffed, for it was the layman Mather who was fired, and the professionals would have none of it.

Mather's fire was as pardonable as his method of going to work was most courteously ethical. He neither practiced nor preached, but went about his task in an orthodox manner. First, he sent for his brisk young acquaintance, Douglass, to whom he owed his discovery, and told him what he had found. Would Douglass undertake the work? No, Douglass would not, and the prosaic historian, despite himself, gives us some feeble vision of the strenuous scene: the old scholar, earnest, convinced, dogmatic, insistent; the young scientist incredulous, scoffing, obstinate, angered that this chance for a brilliant

coup should have slipped through his fingers, to be seized by a prying layman, and determined to minimize for his own purposes the value of the find. It was all too uncertain and too new, he said. The community would not submit to the hazard, and the evidence in its favor was too scant.

So the interview ended with wrath on one side, with snubs on the other. But the old churchman had his blood up. If Douglass would not do it, he would find someone who would. The fight was on, and it was to the knife. Without delay he went about it, and approached successively the leading physicians of the town. It was all of no avail. Douglass had secured the ear of his colleagues and of the public press. But the clergyman was undaunted, and, finding Boston deaf to his pleadings, he turned to neighboring Brookline and Zabdiel Boylston.

It would seem that Boylston could not, as yet, have been of any special note; still under forty, he must be regarded merely as a rising country doctor; by no means the old friend and comrade of the distinguished Mather, as has frequently been stated. But he was the man for the occasion, and he seized it, going about his work in proper conservative fashion.

There was no opportunity for preliminary experimentation, as in England, where the Princess Caroline persuaded the King to hand over a batch of convicted criminals and pauper children for inoculation tests. Indeed, so far as one may judge from the obscure records that we have of those days, Boylston was vigorously attacked by colleagues and press so soon as his purpose became known.

There were two parties to the contention, as we have seen, both powerful and both fired with zeal of eager conviction. The opponents were the doctors, madly indignant at the presumption of Boylston, and they carried their protest to the civil authorities and the public press. Very earnest men, mostly,

but by no means imbued with the spirit of science. Ready to go any lengths, they alarmed the community, they petitioned the authorities, they aroused the mob. On the other hand, there was Boylston, fighting single-handed—fighting his own profession; with a powerful backer, though, in the intrepid Mather, to whom controversy, polemical or otherwise, was as the breath of his nostrils. And Mather's authority with the clergy was still great. We have seen how certain of the ministers at first denounced the new practice; and doubtless they would have continued their philippics, but Mather was a prophet not to be ignored. So he rallied his spiritual forces and led to the fight.

It was truly an amazing spectacle, giving pause to the modern skeptic; the church applauding science, the faculty crying it down. But, after all, to the student of ancient days, there is small cause for wonder. Do we not know how medicine was still a trade—the barber surgeon not yet extinct; how the knowledge was kept a secret and jealously bought and sold; how a conservatism equal to that of the lawyers tied the doctors together in narrow guilds, dully guarding the secrets of antiquity? Theirs was not a profession, then, to attract the best intellects. A hundred years later law, the church, the army, the navy, led it in popularity; it was still but little removed from menial service. To it truth was a vague and unmeaning term. Those were the times of theories and "schools" and creeds, the manacles of progress. Doctors were wont to disagree in hostile bands, and to shout their foolish gibberish furiously, with shaking of fists from the house-tops. The laity took sides. Indeed, there was little dignity then; often the profession was held in slight esteem. That was the common aspect of the picture which Butler did not so greatly caricature. Some modest men, working quietly and seriously for better things,

grasping feebly after facts, were the rare ones, as we know, and of such let us believe was the ancient Boylston.

But there was an intelligent clergy, well educated for those days—far better read than the doctors; impossible to us now in matters theological, but even then seeking some freedom; dreary to contemplate, perhaps, but playing a part in their own little, throbbing world.

So the sight of these two hostile camps of Mather and of Douglass must not surprise us; quickly such sights became rarer. The world was nearing some sort of emancipation. Laymen take part betimes today, and choose their "school," but the world of science moves serenely on. Of all that we must take note in future pages.

The Douglassites in old Boston forced the attack, hoping, perhaps, to frighten and rout the enemy, whose real strength their leader knew too well. The doctors called Boylston a rash and unscrupulous quack; the press, led by Franklin, shrieked that death under his treatment was murder; the mob chased him with halters and bombs; the selectmen scolded him, and the Legislature brought in a bill to prohibit the obnoxious practice.

Meantime Boylston proceeded to open the second scene. On June 27, 1721, with fasting and prayer, we must suppose, certainly with grave misgivings, he inoculated his thirteen-year-old son, not himself. It is probable that he had had smallpox. His own son, then, was the first victim; after that two negroes, his servants. Truly one's sympathies must go out to those poor blacks. That first patient, the doctor's boy, with his filial faith, interests one little; but the terror of those eighteenth-century Africans one pictures as very real, and wonders that their mental state did not obscure test. Such thoughts belong to the twentieth century; the records pass them by.

The method used by Boylston was

much censured later. He secured his virus by pricking with a sharp quill toothpick the postule of an infected person. The same instrument was then used to inoculate the well. At first the actually sick were used for material; later pus was obtained from those already inoculated. How many other diseases were conveyed thus we have no means of knowing. The early patients soon recovered health.

That 27th of June, 1721, must be marked well by us. No earlier date in American medicine can truly equal it in importance and significance, and very few dates since. There is this coincidence, too, that some six weeks before, in April, the first inoculation in London was done for Lady Mary Wortley Montagu by Mr. Maitland, her surgeon. The thought was in the air. Such simultaneous advances are now frequently observed, and claims of precedence are not always edifying.

Now, time and proof alone could calm the raging of the doctors. For time, then, Boylston waited, while accumulating proof. Two other doctors—intrepid men, no doubt—joined him: Roby in Cambridge and Thompson in Roxbury performed their humble share. Family and friends offered their services to test the novel cure. One early volunteer was a Mr. Walter, minister in Roxbury, nephew of Mather. Boylston inoculated him, and truly he suffered for his pains. While at Mather's, convalescing from the operation, the gentleman received a night visit from the mob. They stormed the house, insulted the divines, and hurled a lighted bomb into the patient's room—lighted and bearing with it scurrilous threats. The fuse broke and caused no harm. Thus did the clergy suffer in the cause of science.

Boylston himself was hated most of all. He could not go upon the street except by stealth, at night, to visit patients. Lynching was threatened by the angry mob. They several times at-

tacked his house and searched for him, but missed his hiding place. They threw a bomb one night, but, as in Mather's case, it came to naught. Their threatening and violence lasted for months, subsiding only with the pestilence. Then the doctors tried a final stroke. They got Dal 'Honde to make a deposition showing the uselessness and danger of inoculation. He stated, first, that when in Cremona, in 1696, with the French army, soldiers were inoculated, with a very high mortality, describing in gruesome language the post-mortem findings. Second, that in 1701 an officer, a patient of his own, suffered from smallpox some years after a successful inoculation. Third, that after the battle of Almansa, in Spain, two soldiers were inoculated, and that after six weeks they "went dead" with dreadful swellings, as though poisoned. With this and other like persuasions the doctors approached the Legislature and succeeded in getting through the House of Representatives a bill prohibiting inoculation. It went no further. The Governor's council held it up; it never became a law.

This deposition of Dal 'Honde is often quoted to show the dishonesty of the man, but I doubt whether he was worse than the others. The facts he states are probable enough, if we admit his premises. The improbability lies mostly in the dates as quoted. So that attempt fell through, and the Franklins subsided and retracted, and the mob grew quiet and the law took no further course.

These are the results obtained by Boylston and Cotton Mather, aided by the faithful Roby and Thompson, in the first year of their work. There were two hundred and eighty-six persons inoculated, of whom six died, or one in forty-eight; and of those who died it was said that three had contracted smallpox before inoculation. Within the same period, five thousand seven hundred and fifty-nine took the disease in the natural way, of whom eight hun-

dred and forty died, or more than one in seven.

Whether or not these figures speak for themselves to the modern statistician, may be a question. At any rate, even this good showing was bettered subsequently, it is asserted, by improved methods of operating and a regimen of mercury as a preliminary course. But it was a great victory, and the doctors admitted their defeat. They admitted it and they forgot it.

That naughty Douglass was the worst of all. He was a voluminous and trechant writer, and subsequently attempted to show that he himself was the prophet of the true method.

For Boylston the glory was great, and in the eyes of his amazed neighbors the reward beyond all dreams. The inoculation controversy was still raging in London, with little settlement as yet compared to what America had seen. So to London went out good Boylston, on the invitation of Sir Hans Sloan, physician to George I, to tell his story and demonstrate his method. There at first the storm burst upon him again, roused by one Wagstaffe and other such; but he knew his ground, and went on to certain triumph. Four events marked the visit for him, though of small concern to us now; he kissed the hands of a sympathizing royalty, he published an extensive and successful defense of his case, he was made a member of the Royal Society—the first native of America to be so honored—and he was given a thousand guineas by the King.

Then he returned to Brookline, a modest man still, content with home and old enemies turned friends. It would be pleasant to follow his career further through those remaining years; but, though materials are not wanting, there is, in truth, little to say. Thacher tells us, in one place, that he returned rich and retired from practice; and in the next sentence that he continued for many years active and honored in his

professional work until old age, when he retired to his Brookline farm, to the raising of stock and the breaking of young cattle—all of which is blameless and concerns us not at all. After all, his real work was done early, and it was a good work. A forceful, courageous man he was, the first American physician of note, and an honor to his profession.

When one attempts to unravel the rather confusing and unsatisfactory accounts of medicine at the outbreak of the war, one finds that all roads lead to Bunker Hill, and that it is there and in the neighboring camp at Cambridge that all the interest centers. So when we look for the early conspicuous names, we find there two which come at once to the front—Church and Warren.

Warren—there were two of them, Joseph and John—came to be the better known, and the elder, Joseph, in his short life and brief military experience so impressed men's imaginations that for more than a hundred years his name has been in the mouth of every school boy. But it is as a soldier and patriot that he is best known to us, and for our purposes he must be passed briefly.

Of all the Massachusetts men of the day—and they were many and able—Warren is, for a brief space, the most luminous figure. Meteor-like, as it were, he flashes out in the Old-World tale: a social lion become a patriot, a young doctor turned orator.

There was much in him to excite instant admiration. He was thirty-five years old, handsome, accomplished, a good fellow, a genial companion, talented, successful, generous. Forward in the patriot movement, he proved himself a brilliant and persuasive orator: a thorn in the side of the English authorities, a hero to his American friends. It was he who started Paul Revere on his famous ride, and he was one of the first to forsake home and practice to

hasten to the side of the yeomen at the famous Lexington fight.

After that, and while the Provincial army was closing in about Boston, he was incessant in military activity. He had been elected president of the Provincial Congress, and three days before Bunker Hill he was appointed major-general of the colony's forces. Previous to this, he had been requested to take the office of physician-general to the army, but declined, preferring active service in the field.

So we see him, pre-eminent in position, in influence, a perfected product of his time, ripe for the great work which lay before our people, whether in the Senate, the hospital, or the field. Then came the 17th of June and the battle of Bunker Hill.

Just how Warren came to be an actor on that famous day must always be a matter of some doubt. The assigned troops under Prescott had taken position overnight on the hills behind Charlestown, overlooking Boston and the upper harbor, and the attack by the British had already begun when Warren appeared on the field. I need not rehearse the familiar tale. With characteristic courtesy he declined the command offered him by Prescott, and, taking a musket, volunteered in the ranks. Certainly a most irregular proceeding; but one wonders now whether that spirit, that example of self-sacrifice, that readiness to share the common lot, have not in the light of history, wrought more for honest patriotism and for the advancement of true democracy than any parading of gold lace, or high-sounding etiquette, or the commanding of cohorts, or much talking in public halls. At any rate, that day saw the end of Warren and all that he might famously have done. He stood in the ranks through the fight; he did his duty modestly as he saw it; he used his ancient gun until he could use it no longer, and then, with powder exhausted, comrades fleeing, and

the English rushing in, he was shot dead, among the last at his post.

It is a not unpleasing tale, as one digs it out of the records, old and new. The life was a full one; it was well worth the living, and the man comes down to us a very real figure, towering calm and fine amid all the men who crowd the pages of our history.

Now, John Warren, the brother, concerns this narrative more immediately than does his famous elder, but his youth and the purposes of his life brought him less conspicuously before the public; and though early in the service of his country and constant to her interests, his great reputation was made in later and more peaceful times. In the early years of the war, indeed, he was engrossed with continual and various activities. The tale of his life has been fully told us by his son, and illustrates briefly the sort of times those were in the medical department of our army and the sort of men who came to do the work.

John Warren was twelve years the junior of his brother Joseph, under whom he had studied medicine; and he had been settled in practice one year, in Salem, Massachusetts, when the revolution came.

As we know, the New England militia was in a fashion organized, and Warren had been for some months on the roster as surgeon to Colonel Pickering's regiment. He went with his command to Cambridge, after Lexington, and with a brief interval of absence, remained three years with the army. He was there when the Provincial troops were turned over to Washington, and he took part in the reorganization of the department when the Continental Congress assumed charge of the affairs of the army. Even before this, the Massachusetts authorities had made an endeavor to improve the personnel of the medical corps, for on May 8 they had appointed a committee to examine can-

didates for the positions of surgeons and surgeons' mates.

Good James Thacher, the familiar author of the "American Medical Biography" and "Military Journal," was a successful candidate in the June following, and became Warren's surgeon's mate, Warren himself having been made director-general of the hospital. That "Military Journal" is most instructive and entertaining reading. Take it in connection with Moore's "Diary of the American Revolution," and you will get a rarely luminous picture of the times.

It is the unanimous statement of writers on the medical conditions in the army that, with the exception of Massachusetts, the colonies neglected shamefully the care of their own sick and wounded. The regimental surgeons were named generally by the colonels (who disregarded professional attainments,) and frequently some personal friend or political favorite received the appointment. Some regiments came into camp without any surgeon whatever. From first to last, as we have seen, supplies were lacking, and the regimental surgeons — inexperienced, inept, slighted, neglected, and harried—became shortly an almost mutinous band of independent and disorganized men.

It would be pleasant to believe and gracious to say that they were, as a

class, competent, devoted, and patriotic; but the facts of history, in spite of the generalizings of prejudiced writers, do not bear out any such claim. Yet one cannot especially blame those men. They were the average of their kind. Their incompetence was due to a lack of education in medicine, and such training as they had was for civil life. They were selected at random; they received little supervision, direction, countenance, or advice, and the demands made upon their time and skill were usually beyond the bounds of reason.

Late in 1775, indeed, Congress took hold of the problem feebly, haltingly, and with little wisdom; there was some improvement, but not much. The faults were those of an undisciplined democracy, and have not been unknown in American wars of modern times. Even in 1776, after a year of experience, Congress made some such provisions as these: That there should be one surgeon and five mates to every five thousand enlisted men; that special orderlies should from time to time be appointed; that the outfits of regimental surgeons should be subject to inspection by the hospital director and director-general; that reports should be made regularly, and that the expense of supplies should be met by the department director.

SELECTED

DEPARTMENT OF TUBERCULOSIS.

BY F. M. POTTINGER, PH. M., M. D., LOS ANGELES.

THE BALTIMORE TUBERCULOSIS EXPOSITION.—On January 25th to 30th there was held a Tuberculosis Conference and Exhibit in Baltimore. Each day an address was given by some master upon most important subjects bearing upon the tuberculosis question. Another feature was the

tuberculosis exhibit, in which were shown many charts, illustrating the statistics bearing upon the prevalence of tuberculosis and the influence of tenelements, sweat-shops, etc., upon this disease. Also many prophylactic measures employed by the State and municipal boards of health, models of tents, ideal

rooms for home treatment, receptacles for the collection of sputum, etc., were exhibited.

The pathological section was well represented, and was of great interest to those who study the disease.

Perhaps the most important feature of the conference, however, was the adoption of the following motion:

"Moved that the chair be authorized to appoint a committee, with power to act, to consider the conditions existing with regard to the proposed tuberculosis congress and other national anti-tuberculosis associations in the United States; also to consider the formation of a national committee to represent this country at the International Congress at Paris, and that the members of this conference will abide by the action of the committee—also that this committee have power to add to its membership."

In accordance with this motion, Prof. William H. Welch appointed the following gentlemen to this committee: Dr. William Osler, Baltimore; Dr. Edward L. Trudeau, Saranac Lake, N. Y.; Dr. Theobald Smith, Boston; Dr. J. G. Adami, Montreal, Canada; Dr. Vincent Y. Bowditch, Boston; Dr. S. A. Knopf, New York City; Dr. Mazyck P. Ravenel, Philadelphia; Dr. Arnold C. Klebs, Chicago; Dr. Edward G. Janeway, New York City; Dr. Henry Barton Jacobs, Baltimore; Dr. H. M. Bracken, St. Paul, Minn.; Dr. Lawrence F. Flick, Philadelphia; Dr. Herman M. Biggs, New York City.

It is hoped that this committee will bring about a truly representative national body for the prevention of the spread of tuberculosis in the United States. The members of the committee are all able men and men who are thoroughly interested in this work, and their actions and judgment will have great weight with the American profession.

F. M. P.

THE RELATION OF NON-TU-

BERCULOUS DISEASES OF THE UPPER AIR PASSAGES TO PHTHISIS.—Moeller and Rappoport (*Zeitschrift für Tuberk. und Heilstt.*, July, 1903,) attribute great importance to disease of the upper air passages as a condition favorable to tuberculous invasion of the lungs. The upper respiratory passages, besides forming a channel for air filter, moisten and warm it. To the last function the authors attach little importance, since air entering by the mouth is of the same temperature as air entering the lungs through the nose. The moisture received by the air in passing through a healthy nose is of great importance, and prevents the air from irritating the delicate epithelium of the lower air passages. But the most important function of the nose is that of cleansing, by its epithelium and its mucous secretion, the incoming air, which is frequently laden with bacilli of various kinds and other small foreign bodies in the shape of dust. Any disease of the nose, pharynx, larynx, or trachea, changes the character of the mucus and weakens its bactericidal power. Most of the more common diseases of the nose—for example, hypertrophic rhinitis, polypi, deviations of the septum, crests, and spines, tumors, cause obstruction to nasal respiration and lead to mouth breathing, with complete loss of the respiratory functions of the nose. To some extent the same thing holds good of the opposite condition of atrophy of the nasal mucous membrane, and in cases of *ozæna* bacteria grow freely in the nasal secretions. In all such cases the patient is very liable to suffer from chronic irritation of the mucous membrane of the pharynx, larynx, trachea, and bronchi. The most striking instance of this sequence of events is in the bronchitis of children following enlargement of tonsils. On all such conditions pulmonary tuberculosis is apt to supervene. A well-known instance of such infection

is the supervention of tuberculosis on the chronic pulmonary processes due to the inhalation of dust in some industrial employment—for example, siderosis in tin miners and anthracosis in coal miners—the dust causing a locus minoris resistentiae, and the tubercle bacillus fixing on this weak spot. A disease of the upper air passages, which, to a very special degree, predisposes to phthisis, is ozæna. Alexander found in fifty cases of ozæna, twenty-two cases of pulmonary phthisis, seven suspected cases, four cases of non-tuberculous disease of the lungs, and seventeen cases free from lung disease. The same author, examining the records of post-mortem examinations in twenty-two cases of ozæna, found that phthisis was well established in 68 per cent., was the cause of death in the greater number of cases and was only completely absent in one case. The secretions in ozæna no longer wash the nasal mucous membrane or destroy the growth of micro-organisms, but dry up into a scab and allow numerous kinds of bacteria to flourish. Thus what should be a filtering apparatus becomes a focus of infection and the unfiltered air causes severe irritation in the lower air passages. These more general considerations are supported by the account of a detailed inquiry into 120 cases of phthisis in which the nose, pharynx, larynx and ears were carefully examined and classified as normal or pathological, with further information in the pathological cases. The authors regret that they are unable to compare these statistics with similar figures for 120 non-tuberculous cases, but they had no such cases at hand, and the figures obtained are sufficiently striking to establish the point raised without control observations on the air passages of healthy people. The essential fact is that in 120 phthisical patients, 84 per cent. had disease of the nose, 76 per cent. of the pharynx, 42 per cent. of the larynx and only 26 per cent. of the ears. The dis-

eases of these organs were usually some form of chronic inflammation, or in the case of the nose some nasal obstruction. The ear disease was probably in many cases secondary to nasal disease, and the authors do not suggest that it was a cause of phthisis. The bacteriological part of the examination was carried out by inoculating glycerineagar plates with the nasal secretions and incubating at 37° C. In healthy noses the micro-organisms were for the most part confined to the area within two or three centimetres of the anterior extremity of the nostril, the parts behind this being found sterile. Twenty different sorts of bacilli are enumerated as having been found by the authors in one or more of the 120 cases. They found that the cultivations from diseased noses gave many more colonies than those from healthy noses. They investigated the virulence of similar bacteria cultivated from healthy noses, and from noses the subjects of coryza, and found that there was no appreciable difference of virulence—the distinction was one of quantity rather than quality. Friedlaender's bacillus, sometimes in almost pure culture, was obtained, especially from cases of ozæna. Pseudo-diphtheria bacilli were found in some cases, but never true diphtheria bacilli. In cases of otitis media purulenta, they found usually either streptococcus pyogenes, staphylococcus pyogenes, or diplococcus pneumoniae.—*British Medical Journal*, Jan. 9. 1904.

THE ACTIVE IMMUNIZATION AGAINST TUBERCULOSIS.—Moeller has a very interesting article on the above subject in the January number of the *Zeitschrift für Tuberkulose und Heilstättenwesen*, in which he gives the results of some experiments, in which the various acid-fast bacilli were used.

The purpose of the experiments was to find out whether or not the various members of the acid-fast group could

confer immunity against each other, and especially the tubercle bacillus.

He first demonstrated that by taking the timothy bacillus, which had been rendered a-virulent, he could immunize animals against the virulent bacilli of the same class. He then demonstrated that those animals which had been highly immunized against the timothy bacillus possessed a relative high protection against a subsequent infection with tubercle bacilli, which showed itself in the fact that diseases in animals which had been previously immunized took a slower course, was accompanied by less fever and less wasting than in the controls. This condition was only relative, however, and not absolute, for if the doses of tubercle bacilli were a little larger, the animals were overcome.

In the year 1901, he performed these experiments again with more satisfactory results, and was able to produce a high grade of immunity, even in guinea-pigs, which possess so little resisting power. Not only was he able to

produce a high grade of immunity against virulent bacilli by injecting the animals with a-virulent bacilli of the same class, but he also found that this immunity extended to the other members of the acid-fast group, even the tubercle bacillus.

Carrying his experiments further, he found that the tuberculin preparations made from the timothy bacillus and other less virulent members of the acid-fast group had the same effect upon animals and men as that made from bovine or human bacilli, the difference being that the action was less intense.

These experiments are very interesting and very valuable, for they point to a very close relationship between the various members of the acid-fast group. It would be well for others to repeat these experiments, for through them it might be determined that tuberculosis may develop not only from previous cases of tuberculosis, but from inoculations of the other members of the acid-fast group.

MISCELLANEOUS DEPARTMENT.

TREATMENT OF PRURITUS AND ECZEMA OF ANUS AND RECTUM.—Dr. Geo. J. Monroe says:

"The first object in the treatment is to remove the cause. Patients who have suffered from pruritus of the rectum for any length of time are run down, and our first duty is to build them up. I find Fowler's solution of arsenic an excellent tonic for this condition. We may also use the cod-liver oil, syrup of the hypophosphites, Maltine, iron, and the bitter tonics. If they are large eaters we must regulate their diet. If they use stimulants and tobacco they will have to stop their use. It is almost useless to attempt to cure a chronic pruritus of the anus and allow our patients to use alcoholic stimulants. I am not certain that tobacco is always detrimental,

but I think it safe to dispense with its use. I am satisfied that tea and coffee are bad. Cleanliness must be insisted upon. Abundance of exercise in the open air I believe always to be useful. If we find sugar in the urine anti-diabetic diet and treatment must be used. If there is an excess of uric acid—and there almost invariably is—we must stop our patients from using meats and sugars and articles of diet which contain much sugar. If we find thread-worms we must get rid of them, and I find a few doses of calomel with santonine is good. Enemas of lime water, quassia water or even salt and water will destroy these pests.

"The application of very hot water is always useful. The best way to apply this is with a large sponge. Dip the

SOUTHERN CALIFORNIA PRACTITIONER'S NURSE DIRECTORY.

NAME.	QUALIFICATION.	STREET.	TEL.
ALBERTS, MISS R. C.	Graduate Nurse.	642 W. 36th.	Pico 541
ANKARSTRAND, MR. AND MRS.	Swedish Movements and Massage; Graduates from Stockholm, Sweden.	Potomac Bldg. 217 S. Broadway Rooms 118-119	Home 6941
BURTON, MISS EVA G.	Graduate Nurse.	201 W. 27th.	White 981
BOYER, MISS SARA	Graduate Nurse California Hospital.	1006 W. 8th.	Jefferson 6391
CAMERON, MISS KATHERINE..	Graduate Grace Hospital, Detroit.	395 Grand Ave., Pasadena.	Black 471
CASE, MISS L. E.	Childrens Hospital San Fran.	542 Westlake Ave.	Jefferson 6303
CAYWOOD, MISS J. EVELENA	Graduate California Hospital	762 W. 7th St.	Home 6608
CRAWFORD, MISS M. A.	Trained Nurse.	1816 Normandie	Blue 4026
COOPER, MISS JESSIE	Graduate Fabiola Hospital, Oakland.	202 W. 27th.	Home 5344
CUTLER, MRS. E. L.	Graduate California Hosp.	1622 S. Hill.	White 4661
EHRMAN, MISS IDA M.	Trained Nurse.	1022 W. Washing'n	Home 4243
FALCONER, MISS JEAN J.	Graduate Salem Hospital. Salem, Mass	912 W. 5th.	Red 481
FERN, MISS	Graduate California Hospital	316 W. Carrillo St. Santa Barbara	Main 593
GREGG, MISS MINNIE M.	Trained Nurse.	1018 W. 8th.	
HARDISON, MISS CLAIRE L....	Graduate California Hosp.	116 S. Burlington	James 1161
HOAGLAND, MISS M. J.	Graduate Bellevue Training School, N. Y.	312 W. 7th.	Main 793
JAMES, MISS EDITH A.	Gra duate California Hosp.	1622 S. Hill St.	White 4661.
JOHNSON, MISS EVA V..	Graduate California Hosp.	1708 S. Grand Ave.	Tel. White 2801 Home 2265
KINNEY, MISS J. A.	Trained Nurse.	1337 S. Flower.	Blue 2491
KIRBY, MISS NETTIE	Graduate Hospital of Good Samaritan	2675 Lacy Street	Phone East 344
KENDALL, MISS MAUDE.	Graduate California Hosp.	1507 S. Grand Ave	Blue 5184
KERNAGHAN, MISS	Graduate California Hosp.	1708 S. Grand Ave.	White 2801 Home 2265
LAWSON, MISS	Graduate Nurse.	112½ E. 10th.	Pico 2091
LEGGETT, MRS. F. M.	Graduate New Haven Training School.	436 S. Hill.	Main 1383
MILLER, MISS FLORENCE.	Graduate California Hosp.	1145 S. Olive St.	West 307
MCNEA, MISS E.	Graduate Nurse	744 S. Hope St.	Red 4856
MCCLINTOCK, MISS CLARICE..	Graduate California Hosp.	1232 W. 9th St.	B ack 511
OLSEN, MISS JOHANNA.	Graduate Nurse	1207 W. 8th St.	Telephone 4685
PURDUM, MISS	Graduate California Hosp.	1708 Grand Ave.	White 2801 Home 2265
POTSCHERNICK, MISS.	Graduate California Hosp.	Soldiers' Home, L. A. County.	
READ, BEATRICE.	Graduate Fabiola Hospital, Oakland.	28 Temple.	Red 46
SAX, MISS.	Graduate California Hosp.	1708 Grand Ave.	White 2801 Home 2265
SERGEANT, MISS.	Graduate California Hosp.	2808 S. Hope.	White 576
STANFIELD, MISS A. E. V.	Graduate California Hosp.	702 S. Grand Ave.	Jefferson 5376
SMITH, MISS E. G.	Graduate California Hosp.	249 W. 15th St.	White 4351
TOLLAN, MISS H.	Graduate California Hosp.	411 W. Second St.	Home 4735
WHEELER, MISS FANNIE A.	Graduate Hospital of Good Samaritan	222 South Reno St.	Main 1782
WOOD, MISS A.	Graduate California Hosp.	1539 Shatto.	James 4391
WEED, MISS E.	Graduate California Hosp.	702 S. Grand Ave.	Jefferson 5376

NURSES' DIRECTORY—Continued

NAME	QUALIFICATION	STREET	TEL.
Male Nurses.			
HERBST, THOMAS C.....	Professional Male Nurse 20 years' experience.	Care F. J. Giese, 103 N. Main St.	S'nt. Brown 310 Home 2147
HARDIN, F. S.....	Professional Masseuse. Massage under Physicians' directions, 10 years' experience.	1317 Georgia St. Pasadena Office 118 E. Colorado St. Tel. Black 606	White 4444
JONES, T. L.....	Professional Nurse and Masseur.	Y.M.C.A. R'm 23 209 S. Broadway.	Day, M 963. N'gt and Sun. M 809
TORREY, ROBERT S.....	Nurse.	259 Avenue 23.	Alta 11

sponge is as hot water as you can bear and hold it over the pruritic surface, frequently dipping it in the water. Keep this up for ten or fifteen minutes at bed time, and the patient usually will have a night's rest. If the skin is dry and hard washing the parts with tar water, or applying a tar ointment, will give relief. The spirits of camphor or the combination of camphor and carbolic acid makes an excellent application. The ichthyol I find to be an excellent remedy to allay the itching. If there is much moisture we may dust the parts with calomel, subnitrate of bismuth, boracic acid or prepared chalk. Pond's extract of witch hazel is spoken of highly, especially by the homeopaths. A little pad of absorbent cotton or gauze absorbs the moisture and renders a patient much comfort. Dilute sulphurous acid acts very well sometimes. Chloroform does well sometimes. I have rendered patients a great deal of comfort by applying chloroform. Nitrate of silver, ten grains to the ounce, or dilute tincture of iodine, sometimes acts like a charm.

"The following makes a very good ointment:

Carbolic acidgr. xxx
Calomel3 j
Tar3 iss
Mentholgr. xx
Oxide of zinc3 ij
Simple cerate3 ij
M. Ft. ointment.

"Sig. Wash the parts with hot water. Spread the ointment on a cloth, apply and fasten on with a T-bandage.

"If we have piles, fistula or fissure, they must be cured. If malaria, we must get it out of the system. If con-

stipation or diarrhoea are present, they must be overcome. In fact, if there is any other disease which is producing the pruritus it must be cured.

"It is well in using our constitutional treatment to use in combination local applications. The one helps the other materially sometimes. By persistence in the treatment of eczema and pruritus of the rectum and anus locally, and by removing the cause, there is no reason why they cannot be entirely cured. I believe they can be."—*The Cincinnati Lancet-Clinic.*

When the English tongue we speak
Why is "break" not rhymed with
"freak?"

Will you tell me why it's true
We say "sew," but likewise "few;"
And the maker of a verse
Cannot cap his "horse" with "worse?"
"Beard" sounds not the same as "heard;"
"Cord" is different from "word;"
"Cow" is cow, but "low" is low;
"Shoe" is never rhymed with "foe."
Think of "hose" and "dose" and "lose;"
And of "goose"—and yet of "choose."
Think of "comb" and "tomb" and
"bomb;"
"Doll" and "roll," and "home" and
"some."

And since "pay" is rhymed with "say,"
Why not "paid" with "said," I pray?
We have "blood" and "food" and
"good;"

"Mould" is not pronounced like "could,"
Wherefore "done," but "gone" and
"lone?"

Is there any reason known?
And, in short, it seems to me
Sounds and letters disagree.

—St. Nicholas.

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Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

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EDITORIAL.

DRIED MILK VERSUS DRIED BEEF.

There is fully as much wisdom displayed in ordering Dried Beef for a steady diet, when good steaks and roasts are to be had, as there is in ordering Dried Milk when fresh cow's milk can be secured.

In the process of drying beef, a large per cent. of the soluble albuminoids reach an insoluble state. In order to again become digestible they must first be dissolved. A healthy adult may be able to accomplish this, but in a person with weakened digestive organs, or in a child the additional work of rendering those insoluble albuminoids again soluble may be a greater task than can be performed.

The very same thing applies to Dried Milk. The fat in the milk is contained in minute globules which are surrounded by extremely fine cellular tissues. When the fat of the milk in the fresh state

enters the stomach, those tissues are dissolved and the minute globules of fat are resolved and perfectly emulsified.

If milk goes through the drying process the cellular tissues of these fat globules are destroyed and the butter fat runs together into masses of grease, thus becoming difficult of digestion and requiring to be acted upon by the digestive fluids in a totally different way from the butter globules of the fresh milk.

The third edition of Fischer's Infant Feeding, just issued, gives analyses of a number of these dried-milk preparations, when prepared according to directions, and compares them with mother's milk. First, he gives the analysis of Nestle's Food, which he says is a farinaceous dried-milk food. The result of the analysis shows that Nestle's has not quite one-sixth the amount of fat and only one-third the amount of proteids that is to be found in mother's

milk. Over one-half of the proteids is insoluble, owing to the colloidal condition of the milk-caseine having been destroyed by drying during manufacture.

In speaking of *Horlick's Malted Milk*, Fischer says it is a malted dried milk. "The drying process has destroyed the colloidal condition of the caseous matter of the milk, and it is in the form of finely-powdered, hard particles, sparingly soluble in water. The proteids, fat and carbohydrates are all less than in woman's milk, the proteids being not quite one-half, and the fat not quite one-third of the amounts in woman's milk. The amount of milk must be very small in proportion to the cereal constituents."

The third analysis is of "*Milkin*," which Fischer says is a malted dried milk food. "The total solids are hardly two-thirds of the amount in woman's milk. The fat, especially, is greatly deficient, being only about one-sixth of the amount in woman's milk, and the proteids are but two-fifths of the amount in woman's milk. A dilution of one part of good cow's milk with about seven parts of water will contain about the same amount of milk as milkin prepared as directed."

Fischer gives several other analyses of various kinds of dried milk, with about the same results as those we have quoted. Many babies have been starved on dried milk, when properly modified fresh cow's milk was what they needed. Insist on cleanliness in the dairy and in the nursery and warn the mothers against Dried Milk as a food.

OVER THE BACKS OF THE POOR.

In that delightful volume, "A Narra-

tive of Medicine in America," the author, Dr. James Gregory Mumford, says that "in the middle of the eighteenth century New York was a very pleasant place, for there lived and practiced medicine there Dr. John Bard, who, 'by the urbanity of his manners, his professional talents, and the charm of his conversation, which was enlivened by an uncommon flow of cheerfulness, enriched by sound sense and adorned by a large fund of anecdote, he so effectually recommended himself to the notice and friendship of the most respectable families, that he was almost immediately introduced into a valuable scene of business and very soon arrived at the first rank of professional eminence, which he retained through a long life of more than four score years.' He proved himself New York's earliest efficient quarantine officer; he was an indefatigable worker; surviving the revolution, he was the first president of the Medical Society of New York, and he was the father of an even more distinguished son, Samuel Bard. Among Samuel Bard's earliest and most notable achievements was his part in the founding of the medical school and hospital in New York; and his efforts continued through more than forty years, against the most discouraging conditions, to foster and promote medical education. Samuel Bard was educated at King's College, whence he was graduated in 1761. He was about ten years Washington's junior. At the age of nineteen he went to London and Edinburgh, receiving the degree of the latter university in 1765. He was filled with the thought of an American school of medicine, and,

largely through his urging, the race for first place between New York and Philadelphia was a close one. In the year 1768 the New York school, known as the Medical School of King's College, was established. Samuel Bard had the chair of Theory and Practice of Medicine. He was then twenty-six years old. Besides his energy and learning, he brought with him a piece of advice from good Dr. Fothergill, of London. At parting, Fothergill told Bard this of his own great success: 'I crept over the backs of the poor into the pockets of the rich.' The lesson of this remark which should sink into the heart of every young man is to not aim especially at the practice of the well-to-do, but to practice among all classes; be indispensable to the whole community; your work among the rich is uncertain; their patronage limited and fickle; with the confidence of the masses behind you, you can always retrieve misfortune. We have often seen men go into a city and try by extravagant equipages and luxurious offices and supercilious bearing to reach the rich only; this method will always fail, as it well deserves. Every man must do his share of work with the poor.

EDITORIAL NOTES.

Dr. E. K. Hopkins of San Francisco has been taking a vacation in San Diego.

Dr. W. I. Wallace of Hemet has just moved into an elegant new residence.

Dr. W. M. Brack, formerly of Los Angeles, has located in Mesa, Arizona.

Dr. T. B. Hart of Raton, New Mexico, has returned home.

Dr. Arthur Whomes has removed from Phoenix to Los Angeles.

Dr. James Jackson has located at Newhall, Cal.

Dr. J. E. Brooke, formerly of Toledo, Ohio, has located in Whittier.

Dr. J. S. Billings of Chicago has been attending a banquet in El Paso.

Dr. W. C. Pond of San Francisco has been visiting in San Bernardino.

Dr. H. C. Patterson, formerly of Montana, has located in Monrovia, California.

Dr. O. J. Westlake, of Silver City, New Mexico, has returned from an extended eastern trip.

Dr. A. D. Jones, formerly of Wichita, Kansas, has located in Artesia, New Mexico.

Dr. F. C. Dolley, of Casa Grande, Arizona, has been spending a few days in Los Angeles.

Dr. K. B. Kaufman of Belen, Arizona, has been spending two weeks on an eastern trip.

Dr. G. W. Grove and son, Harry, of Albuquerque, New Mexico, have been visiting in Los Angeles.

Dr. F. T. Blake has been appointed Health Officer of the town of Imperial, San Diego county.

Dr. Joseph H. Eskridge of Chicago has been spending a few weeks in Southern California.

The Los Angeles City Council is about spending \$50,000 on a hospital for contagious diseases.

Dr. W. E. Trewblood and Dr. W. V. Marshburn, of Whittier, have dissolved partnership.

Dr. Thad L. Johnson, of Pomona, who had been in poor health for years, died on March 9th.

Dr. George C. Bryan, of Alamogordo, New Mexico, is taking a post-graduate course in New York City.

Dr. Leon Roth, of Los Angeles, has been elected one of the physicians of the French Benevolent Society.

Dr. C. C. Valle, of San Diego, has been appointed Health Officer of that county, at a salary of \$600 a year.

Dr. Wm. Nelson Burdick has located in Douglas, Arizona, where he has opened offices.

Dr. E. M. Clayton, of Gallup, New Mexico, has been spending a few weeks visiting in Los Angeles.

Dr. R. L. Poplin, of Ventura, will attend the Grand Lodge, A.O.U.W. at Fresno.

We noticed an article headed, "Let-tuce Prevents Smallpox." It should have been, "Let Us Prevent Smallpox."

Dr. Carl Hagen, of Silver City, New Mexico, has returned home after spending a year in special study in Berlin, Germany.

Dr. E. W. Baum, who has been on the Copper Queen medical staff for the past three years, has resigned and located in Bisbee, Arizona.

Dr. R. D. Potts has moved his family from Hueneme to Oxnard. He will still continue to keep office hours at Hueneme.

Dr. George D. Pratt, formerly of San Bernardino, has removed to Los Angeles, where he will practice his profession.

Dr. F. K. Ainsworth, chief surgeon of the Southern Pacific, was being greeted by Los Angeles friends recently while on an inspection trip over his lines.

Dr. Woods Hutchinson, secretary of the State Board of Health of Oregon, has created a sensation by advocating the benefits of alcohol. His idea is that it eliminates the unfit.

The New York Pharmacal Association of Yonkers, N. Y., have issued a book, "Facetiæ Medicorum," which will be sent to any physician on receipt of postal card.

Dr. A. R. Hickman, of Douglas, Arizona, has been relieving the monotony of professional life by attending the

meeting of the Mystic Shriners at Phoenix, Arizona.

Dr. Sara E. Wise, of San Francisco, has been in Los Angeles telling Christian Endeavorers that they ought to have a chain of Christian hospitals in the United States.

Dr. Henry Garcelon has been elected resident physician at the California Hospital for the year beginning June 1st, 1904. He succeeds Dr. J. T. M. Allen, who will enter private practice.

Dr. N. H. Morrison, chief surgeon of the Santa Fé, is getting all of his arrangements about completed for the erection of an elegant new hospital for that company in Los Angeles.

Governor Brodie has appointed the well-known surgeon, Dr. H. W. Fenner, of Tucson, as a member of the Arizona Board of Medical Examiners, in place of Dr. A. Tyroler.

Dr. M. L. Loomis, who has been associated with Dr. N. H. Hamilton in the practice of medicine in Santa Monica, has removed to Los Angeles and taken up his practice there.

Dr. J. B. Sands, formerly of Ocean Park, has removed to Los Angeles. He is succeeded in his practice at Ocean Park by Dr. S. C. White, formerly of Fresno.

The firm of Drs. Johnson & Stiles, of San Bernardino, has dissolved, and Dr. G. R. Owen, a graduate of Ann Arbor, has become associated with Dr. A. K. Johnson.

At the recent meeting of the Redlands Medical Society, Dr. D. C. Strong read a paper on "Anesthesia and Anesthetics." The society, under the leadership of Dr. Tyler, is getting together quite a medical library.

Dr. McNally of Phoenix, Arizona, had a child die in his office while administering chloroform. The accident caused a great deal of excitement in the Arizona city, and Dr. McNally felt terribly over the affair.

Dr. C. B. Bates, who for many years was the most prominent practitioner in Santa Barbara, has been absent in Boston for several years, but has returned to Santa Barbara, where, doubtless, he will remain.

Riverside County Medical Society held its February meeting at the office of Dr. Sawyer. After an interesting paper by Dr. Van Zwalenburg, refreshments were served by Mrs. Sawyer, and a delightful time socially was passed.

Dr. R. E. Curran, who has been a well-known physician in California for the last twenty years, died at his residence in Los Angeles on February 7th. He was fifty-nine years old, and is survived by his widow and three children.

Dr. Paul T. Kimball, of Lakewood, New Jersey, who graduated from the College of Physicians and Surgeons in New York City in 1887, has been spending a few weeks in Southern California as the guest and family physician of George J. Gould.

Dr. F. E. Shine, chief surgeon and physician for the Copper Queen Company at Bisbee, Arizona, returned, February 16th, from an eastern trip of several weeks. He had been recuperating from a dangerous attack of typhoid fever.

Dr. C. F. Taggart of Los Angeles has resigned as chief surgeon of the San Pedro, Los Angeles and Salt Lake Railway. Dr. John R. Colburn has been appointed to fill the vacancy. Dr. Colburn will have as his chief assistant Dr. Guy Cochran. Dr. Cochran was for two years on the surgical staff at Bellevue Hospital, New York City.

The Board of Supervisors of Riverside has purchased several thousand copies of the pamphlet written by Dr. C. C. Browning, entitled, "Things the Laity Should Know About Consumption." This will be generally distributed.

Just to think of it! Our good friend, Dr. J. M. Lacy, of Santa Ana, has been celebrating his sixty-seventh birthday anniversary, at which time he was the recipient of many presents. How time flies! But the doctor is a young man yet.

Messrs. Sharp & Dohme, the well-known manufacturing chemists of Baltimore, had their laboratories threatened by the great fire; in fact, they had a very close call, but were fortunate to escape without loss, and are still doing business at the old corner.

Health Officer Powers and his force are very happy in getting into new quarters on the first floor of an addition that has been built to the City Hall. Dr. Leonard, the bacteriologist, has her offices on the second floor, while Dr. R. V. Day, the city chemist, is installed on the third floor.

Dr. West Hughes, formerly a well-known practitioner in Los Angeles, has deserted the profession, and in company with a friend started an investment office in Los Angeles. Dr. Hughes has made several hundred thousand dollars in real estate deals, and has proven himself a most astute financier.

The Ventura County Medical Association met March 8th at the office of Drs. Broughton & Livingston, in Oxnard. The evening was devoted to the X-ray and its application in the practice of medicine. Dr. Dumont Dwire read the paper. Dr. G. A. Broughton was elected delegate to the annual session of the Medical Society of California.

Dr. Robert MacKinlay died February 28th in Santa Barbara. Dr. MacKinlay was a native of Scotland, and had lived in Santa Barbara for the last nine years. He was a graduate of the University of Edinburgh. He leaves a wife—the daughter of Colonel Bradburn of the British army—and four children, the eldest of whom is nine years of age.

Dr. W. F. Ruby, of Riverside, who had been ill for quite a while, in a delirium of pain, committed suicide February 23rd. Dr. Ruby was born in Springfield, Illinois, April 9th, 1837. He was a soldier in an Illinois regiment, and a man who in his life as a physician and as a citizen had high ideals. His funeral was largely attended.

The late Herbert Spencer earnestly opposed the adoption of the metric system of weights and measures. He claimed that it was ill adapted for industrial and trading purposes, and objected to this decimal system on the ground that it is inconvenient for various purposes of daily life, and that the convenience it achieves may be achieved without entailing any inconvenience.

Dr. L. D. Scherer, who has been practicing medicine in Los Angeles for several years, died at his residence on West Jefferson street on March 2nd. He had been ill for more than a year, although he kept up his practice until shortly before his death. He was fifty-seven years of age, a native of Pennsylvania, and a graduate of Rush Medical College. He leaves a widow and two children.

Dr. P. C. Remondino of San Diego is very desirous of the first ten numbers of volume I of the Southern California Practitioner. He has all the other volumes bound, but lacks these first ten numbers of the first volume. We know that any person who can send him even one or two of these missing numbers will be glad to thus favor the doctor.

The Los Angeles Academy of Medicine held their February meeting with Dr. F. M. Pottenger at his sanatorium in Monrovia. Dr. Wetherby, of Los Angeles, read a paper on "Suturing Nerves." The doctors all returned to Los Angeles on an 11 o'clock electric car, with the exception of Dr. C. C. Browning, of Highland, who was Dr. Pottenger's guest for the night. Drs. Adams, Wheeler and

Lougheed of Monrovia, although not members of the Academy, were present as invited guests.

Dr. Charles H. English, a physician of Washington, D. C., got into an altercation with his Los Angeles landlady, and her big son went to give him a thrashing, when the doctor drew a revolver to protect himself, for which he was fined by a Los Angeles justice of the peace. From what we have seen in the papers, it looks as though the doctor was only doing what any man would have done in self-defense.

Dr. S. Baruch in leaving Los Angeles said: "I am delighted to discover that the medical men of Southern California are eager to know more of this valuable but neglected remedial agent, and I shall esteem it as the most precious result of my visit to this favored clime if I have given an impetus to the more frequent but methodical use of water in disease. I have been pleading for this for fifteen years."

During the year 1903, 28,353 people died in the city of Chicago. The average age of these people at the time of death was 32.1 years. In 1892 it was 22.6 years, in 1882 it was 19.5 years, in 1872 it was 15.2 years. This shows a remarkable increase in longevity, and if such an increase is general throughout the United States, it gives a graphic idea of the work for the preservation of human life that is being done by the medical profession.

The trial of Griffith J. Griffith in the Los Angeles courts has been a battle royal, both for attorneys and doctors. Griffith shot his wife, putting out one eye, and his attorneys tried to make out a case of insanity. Dr. H. G. Brainerd was the leading medical expert for the defense, and Dr. Joseph Kurtz the leading one for the prosecution. Dr. Gardner, for so many years superintendent of the State Asylum for the Insane at Napa, and Dr. Cohn, assistant superin-

tendent at Napa, were both in Los Angeles as experts for the prosecution.

Mr. Charles M. Skinner of New York City, the well-known author, is advocating that in 1907 all the navies of the world shall celebrate the centennial anniversary of the first trip of the Clermont, Robert Fulton's first steamship. Mr. Skinner says when Fulton launched the Clermont on the Hudson in 1807 he inaugurated a new era. We believe this is a most commendable idea, and when all the navies of the world come together on the Hudson at New York City, there will be the greatest tribute to the genius of man that has ever been made.

"*The Daily Medical*," volume I, No. 3, has just been received. It is a very respectable-looking daily paper, with M. W. Curran, M.D., as managing editor, and issued by the Medical Publishing Company of America, 154 East Seventy-second street, New York City. Annual

subscription, \$1. We do not understand where a daily paper is going to land at \$1 per year, and the very low price makes us a little suspicious; but time will tell, and it may be that this is a legitimate enterprise that with a fair amount of assistance from advertisers will prove successful.

In these days of so much fatal pneumonia, physicians and nurses should insist that all expectoration of cases of pneumonia and la grippe, and even of ordinary colds, be scrupulously destroyed. Old rags should be supplied to catch the sputum, which could either be destroyed or thoroughly soaked in strong antiseptic solution and then boiled before using again. Pneumonia throughout the world is laying the heavy hand of death upon the people, and we should remember to take extraordinary precautions to prevent the dissemination of this disease.

BOOK REVIEWS.

APPLIED MATERIA MEDICA. A TEXT-book intended for the use of nurses in hospital-training schools; by J. Henry Schroeder, Ph. G., M.D., formerly Lecturer on Materia Medica in the Jewish Hospital Training School for Nurses, Cincinnati. Price, \$1.25. The Robert Clarke Company, Cincinnati: 1904.

This is the work of an experienced teacher of nurses. It contains what a nurse should understand of this subject that she may intelligently perform her duties. The aim and purpose is to teach the fundamental principles of the science and to present the subject in a practical manner. It is in all respects a reliable guide.

THE WORTH OF WORDS. BY DR. Ralcy Husted Bell, with an introduction by Dr. William Colby Cooper. Third edition, revised and enlarged. Price, \$1.25; School Edition, 75 cents. Hinds & Noble, publishers, 31-33-35 West Fifteenth street, New York City.

We think if the name of the author

of this work had been Racy instead of Ralcy, it would have been very appropriate, for he has a very bright and racy style of expression. The author says: "I am aware that the English language is alive. I know that it is subject to change somewhat comparable to growth. Nor is any plea made for rigidity of the language. Let it expand, but let its expansion be governed by reason and the logic of growth." Then the author takes up, first, "Misused Words;" second, "Vulgarisms;" third, "Every-day Errors;" fourth, "Slang;" fifth, "How Word Meanings Change," and an appendix. Under "Misused Words," are many interesting comments.

Take, for instance, the word "awful." The author says: "That this word should be used as a synonym of *very* seems incomprehensible. Still we hear it misused every day, as 'awfully nice,' 'awfully good,' 'awfully sweet,' and the

like. Awful means that which inspires or is inspired by awe. Other usage of the word degrades it to the level of slang."

Of the word "Humanitarian," he says: "Humanitarian is a theological word, meaning 'one who denies the Godhead of Jesus Christ and insists upon His human nature.' To use it in any other sense is affectation. For when you say that a man is humane, you cover all the ground that you could possibly cover by calling him a humanitarian."

Also, he rightly defines the word "limb" as follows: "Limb means *leg* no more than it means *arm* when applied to members of the body. Only very squeamish persons of very sickly sentiment ever use this word exclusively for *leg*. *Limb*ed in old English meant joined. A *limb*, properly, is 'anything which is separated from another thing, and yet joined to it.' So, *limb* for *leg* is nonsensical, and as improper as it would be to call the *thigh* the *leg*, or to insult the good, old, respectable Anglo-Saxon word *belly* by calling it stomach. Such misuse of good words is inexcusable and disgusting."

Under "Vulgarisms and 'Words-No-Words,'" are also many interesting ideas; as, for instance, the words "Hydropathy, Osteopathy, Electropathy."

"These words are meaningless examples of pretentious ignorance. Hahnemann made use of good, technical Greek derivatives in coining *homeopathy*, *allopathy*: words in accordance with reason. But to call water-cure water-disease, bone-cure bone-disease, electric-cure electric-disease, is absurd and misleading. Piddling apothecaries often make a similar mistake in employing the termination *ine*, which means having the quality of. As, for instance, some nostrum for cure of colds has been given the name of *coldine* (having the quality of a cold) because the namer ignorantly supposed he was coining a word quite as good, high-sounding and useful as

metalline, *canine*, *glycerine*, *asinine* and the like."

The chapter on "Every-day Errors" contains much that will appeal to us.

When it comes to "Slang," he strikes us where we live. Under "Has a jag on," he says: "Has a jag on is a homely way of using descriptive metaphor. A condition between sobriety and drunkenness suggests nothing so much as carrying a jag: a light load." He also states that "Go 'way back and sit down means that, as his usefulness is ended, the fitness of things demands that he withdraw himself from action and modestly merge his superfluous personality with the uninteresting background." As a protest against all of these slang tendencies, he quotes Herbert Spencer's dictum, that "Men ought to regard their language as an inheritance to be conserved, and improved so far as that is possible, and ought not to degrade it by reversion to lower types."

INFANT FEEDING IN ITS RELATION TO HEALTH AND DISEASE. A Modern Book on all Methods of Feeding. For Students, Practitioners, and Nurses. By Louis Fischer, M.D., Visiting Physician to the Willard Parker and Riverside Hospitals, of New York City; Attending Physician to the Children's Service of the New York German Poliklinik; Former Instructor in Diseases of Children at the New York Post-Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine, etc. Third edition, thoroughly revised and largely re-written. Containing 54 illustrations, with 24 charts and tables, mostly original; 357 pages, 5½x8¾ inches. Neatly bound in extra cloth. Price, \$2.00 net. F. A. Davis Company, publishers, 1914-16 Cherry street, Philadelphia, Pa.

This, the third edition, is an up-to-date volume on an important subject. One piece of information which it is well for every physician to bear in mind is the stomach capacity, which at birth is from nine to eleven drams, at the end of one month two ounces, and at the end of

three months a little over four ounces. In speaking of sugar, the author says: "When the amount of sugar is insufficient, the effects will be partly the same as when butter is deficient, for the reason that sugar partly supplies the place of butter and partly is converted into fat. Milk in which sugar is deficient frequently becomes the source of constipation in the child." The author enters into the feeding of sick children, which he introduces by saying: "No definite rules can be laid down as to the quantity or the quality or the interval required for feeding." The instructions that follow are very practical. He also goes fully into the diet of a nursing mother. The subject of weaning and feeding from one year to fifteen months also occupies several pages. He says "weaning should take place gradually between the eighth and tenth months." In speaking of nursing, he says: "When there is a deficiency in the quantity of breast milk, but the quality is good, then it is advisable to feed the infant alternately with breast milk and bottle milk. It is at the same time advisable to direct attention to the mother's general condition." The author is, in a general way, opposed to sterilizing and pasteurizing milk. We quote: "The ideal cow's milk is clean, raw milk. If greater attention were bestowed on the condition of the cow, the cow's udder, the stable, the bucket, the hands of the milker, then less sterilization and pasteurization would be necessary, for let it be distinctly understood that certain chemical changes are brought about in milk when it is steamed, be it in the process of sterilization or pasteurization. Nature has given us a good example of how milk should be fed to an infant; breast milk is certainly raw milk, and is served to the infant at the temperature of the body. Infants taking boiled milk suffer with constipation; this is not so, however, in the case of infants fed on raw milk." He also shows

that fresh, raw milk possesses remarkable germicidal properties, and quotes high authorities to show that the nutritive value of boiled milk is much inferior to that of fresh milk. Imitate nature in feeding, using raw milk. "In this way we copy from nature just what she has ordained for woman to feed, for it must be admitted that breast milk is raw milk; it is neither boiled, sterilized nor pasteurized." He insists on the greatest care in the sanitary administration of dairies. In speaking of general rules for feeding infants, he says: "Each child is a law unto itself, and its individual wants must be studied. One child will gain on the same mixture on which another will lose weight. The infant must appear satisfied after taking its bottle. The bowels must move unaided at least once or twice in twenty-four hours. The infant should sleep from four to eight hours at one time during the night. The weight must be taken regularly once a week. If an infant thrives, it should gain at least from six to eight ounces every week. When a child's weight shows no increase, study the reason and by all means alter the food; make it more substantial. The medical profession, and, as a result of that, the nurses, are too apt to not allow enough elasticity in the rules of feeding, both as to time and quantity, and the author in saying that each child is a law unto itself is impressing an important fact." Butter-milk feeding has been used a great deal in Germany, and the author presents the method in full. He says that rickets is a symptom of fat starvation. One of the earliest symptoms of rickets is constipation, showing deficient muscular tone and distinct atony of the bowels. This can be remedied by the addition of fat or cream to the food. He speaks of the use of butter as an addition to the food and as a laxative. He also speaks highly of olive oil. In speaking of the addition of sugar to milk, he says "Jacobi insists on

the use of cane sugar," and the author adds "that cane sugar certainly has some virtue can be seen from the fact that cane sugar is used extensively as a preservative in condensed milk." He advises about half the quantity of cane sugar that would be used of milk sugar. He advises cane sugar especially where there is constipation. He says that where there is colic and paroxysms of pain there is usually being given excessive sugar, and the treatment would be an absolute discontinuance of sugar in the food. In speaking of preparations to render cow's milk alkaline, he mentions the use of lime water and bicarbonate of potassium, but he has seen the best results from the use of bicarbonate of potassium. This potassium water can be made by adding 120 grains of bicarbonate of potassium to one pint of boiled water, while still warm. When cool, bottle and use as you would lime water. He says this is well borne, and beneficial where tendency to colic exists. In using potassium water, it should be remembered that it is slightly laxative.

In speaking of sterilized milk, he quotes Jacobi, who says "sterilized milk has been looked up to as an object of faith and treated as a pope among foods—infallible."

There are twenty-five pages of dietary recipes which are very useful. The book is alive with good, fresh ideas, and has none of the attributes of a compilation; it is full of the results of observation and deductions fresh from the professional life of an active practitioner.

OBSTETRICS FOR NURSES. BY JOSEPH B. DeLee, M.D., Professor of Obstetrics, Northwestern University and Medical School; Obstetrician to Mercy, Wesley, Provident, Cook County, and Chicago Lying-in Hospitals; Lecturer in the Nurses Training School for same. Fully illustrated. Price, \$2.50 net. Philadelphia, New York, London. W. B. Saunders & Co., 1904.

The duty of preparing text and refer-

ence books for nurses is being thoroughly appreciated by the medical profession. This volume of 460 pages, prepared by a most eminent obstetrician, is a perfect cyclopædia on the subject of which it treats. The illustrations are numerous and original. Every nurse should have a copy of this volume.

In regard to diet, the author says: "The diet of the pregnant woman should be simple, but not strict; the amount of meat and broths should be small; meat once a day only. Starches fried in fat and rich pastry should be avoided; otherwise, a liberal diet may be allowed. No wine or other alcoholices may be taken; first, because the danger, increased during pregnancy, of acquiring the liquor habit; second, because of the bad effect on the offspring."

Throughout the advice given in the work is sensible, moderate in tone, and satisfactory.

We have received from Dr. Wm. Lee Howard of Baltimore, Md., the following reprints:

"Sexual Perversion in America," "Some Subjective Hints of the Morphine Habit," "The Practical Uses of Hypnotic Suggestion."

Dr. Charles D. Aaron, of Detroit, Michigan, has sent us reprints as follows:

"Flatulence Meteorism and Tympanites," "Treatment in Four Hundred and Forty-two Cases of Movable Kidney Without Surgical Intervention."

We have received from the author, Alexander Duane, M.D., New York City, the following reprints:

"Suggestions for a Uniform Nomenclature of the Movements and Motor Anomalies of the Eye," "The Systematic Use of Cylinders in Making the Shadow Test," "Aplasia of the Papilla and Retinal Vessels with a Peculiar Anomaly at the Macula in Eyes Otherwise Normal," "The Value of the

Screen-Test as a Precise Means of Measuring Squint."

THE PATHOGENIC MICROBES. BY M. Le Dr. P. Jousset, Physician to the Hospital Saint-Jacques; former Interne Laureat (gold medal) of the Hospitals of Paris; Director of the Laboratory of Bacteriology of the Hospital Saint-Jacques. Authorized translation of Horace P. Holmes, M.D. Boericke & Tafel, Philadelphia: 1903.

This little work comes before us in a very instructive and readable form. It is a description of some of the more salient points on pathogenesis in infectious diseases.

The author does not agree with all of the ideas which have been brought forth by recent studies in bacteriology and immunity. He does not think that it has been proven that the phenomena which take place in the production of immunity are of a chemical nature; neither does he accept Metchnikoff's theory as to the role played by the phagocytes in the production of immunity. He believes that the only way to explain the breaking out of epidemics in certain cases is by pathogenic spontaneity. Naturally, germs are not pathogenic, but under certain circumstances pathogenesis becomes an accident. Illustrating this point, he cites cases where diphtheria bacilli, pneumococci and other organisms are found in the noses and throats of healthy people, but there is no disease. Under certain circumstances, however, in which the normal vitality of the organism becomes lowered, these microbes become pathogenic and thus produce the disease.

He looks upon the various culture products in the treatment of specific diseases as a marvelous triumph of bacteriology, and he believes that in the near future we will have many more successes in this line of treatment than we are having today. F. M. P.

THE BLUES (SPLANCHNIC NEURASTHENIA), CAUSES AND CURE. By Albert Abrams, A.M., M.D. (Heidel-

berg), F.R.M.S.; Consulting Physician, Denver National Hospital for Consumptives, The Mount Zion and the French Hospitals, San Francisco; President of the Emanuel Sisterhood Polyclinic; formerly Professor of Pathology and Director of the Medical Clinic, Cooper Medical College, San Francisco. E. B. Treat & Co., New York.

This monograph comes to us written in a forceful style by an energetic man. The work is a good presentation of that very common and much-misunderstood condition known as neurasthenia, or nerve exhaustion.

The author describes the relationship of the various organs of the body to this condition and the roll that they play in its causation. The purpose of writing the book, however, was not to describe the general subject of neurasthenia, but more particularly to describe that common form of the disease which is usually termed blues, and which the author believes to be of abdominal origin, and due to an intra-abdominal venous congestion, the chief local symptoms of which are abdominal sensitiveness, tenderness of the liver and enlargement of that organ, and gaseous accumulation in the bowels. The cure of this disease consists not only in the treatment for general neurasthenia, but also "the local condition of abdominal plethora." The latter is brought about by such measures as massage of the abdominal wall, exercises which strengthen the abdominal muscles, respiratory exercises, electricity to the abdomen, abdominal supporters and cold water. The use of cathartics, the author discountenances and believes that they do harm rather than good.

The book is very readable and presents the subject in a very instructive manner, and we take pleasure in recommending it to the profession.

F. M. P.

THE SELF-CURE OF CONSUMPTION WITHOUT MEDICINE, with a chapter on the Prevention of Consumption and Other Diseases. By Chas. H. Stanley

Davis, M.D., Ph.D., Member of the Connecticut State Medical Society; Physician to the Curtis Home for Old Ladies and Children; author of "The Training and Education of Feeble-minded, Imbecile and Idiotic Children," etc., etc. New York. E. B. Treat & Co., 241-243 West Twenty-third street, 1904.

This small book, as its title would imply, seems to be intended primarily for laymen, but yet the writer seems to have kept the physician in mind as well.

The book is written in a very faulty style. The English is bad, and I am surprised that any publisher should allow it to go from the press in its present condition. For example, on page 18, the author says: "It is this very small living thing, then, called the *baccillus tuberculosis*, or tubercle bacilli, which causes consumption." Again, on page 19, "The germ of consumption, the tubercle bacilli, does not exist in the body of men or animals in health." One would think that these were simply typographical errors, did they not occur so often.

The author also shows a lameness in matters of scientific fact. For example, on page 20, he says: "The germs may remain for months in the dust and debris of damp, filthy and overcrowded homes, retaining their vitality, and they often take on more virulent infective properties than they possessed when expelled from diseased lungs."

However, as he gets more interested in his subject, these errors are not found so often, and it would really seem that the latter part of the book were written by a different man. Aside from these blemishes, which mar the usefulness of the work, it is replete with good, sound advice and excellent judgment on the commonplace handling of tuberculous patients, and while one would not agree with the author in every particular, yet it is a work that can be well read with profit. F. M. P.

THE PRACTICAL MEDICINE SERIES
OF YEAR BOOKS, comprising ten vol-

umes on the Year's Progress in Medicine and Surgery, issued monthly, under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume III. "The Eye, Ear, Nose and Throat," edited by Casey A. Wood, C.M., M.D., D.C.L.; Albert H. Andrews, M.D.; Gustavus P. Head, M.D. December, 1903. Chicago: The Year Book Publishers, 40 Dearborn street.

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THE MAN WHO PLEASES AND THE WOMAN WHO CHARMS. By John A. Cone. "Look out lovingly upon the world and the world will look lovingly in upon you." Hinds & Noble, publishers, 31-33-35 West Fifteenth street, New York City.

This work, which is sent postpaid for 75 cents, is full of suggestions that are valuable, and to no profession is it more important to know how to be personally pleasing. While a pleasant address and cheerful, companionable manners come to many by birth, yet there is no person

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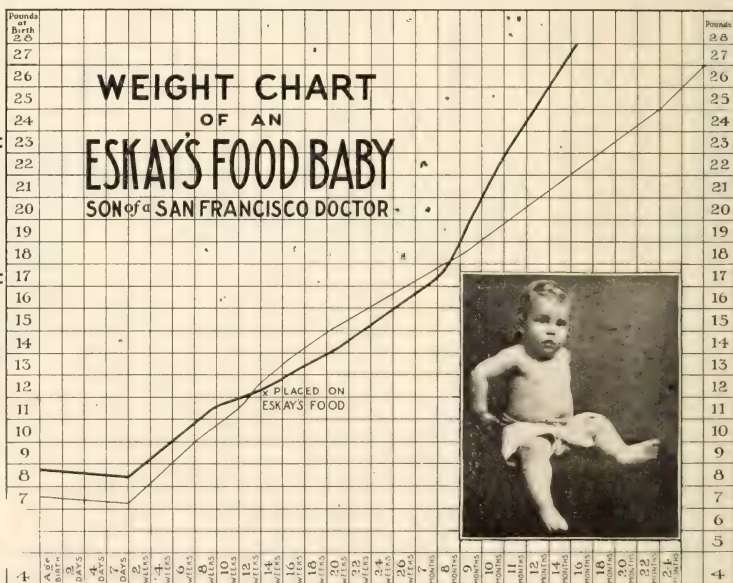
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old, London; Edmund Landolt, Paris; Richard Kretz, Vienna, with regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Volume IV; Thirteenth Series, 1904. Philadelphia. J. B. Lippincott Co., 1904.

As contributors to this volume, we notice the names of W. W. Keen, Nicolas Senn, A. Pinard, of Paris; John H. Musser, Jas. Tyson, J. C. DeCosta, Daniel Brower and Andrew Duncan, of London, and many others of this class.

On page 95 is a most interesting article on "The Parallelism Between the Clinical Symptoms and the Pathological Lesions of Rheumatic Fever," by F. J. Poynton, M.D., of London. To those who are absolutely opposed to the infectious nature of rheumatism, it would be well to read this article. With regard to the causative micro-organisms, he has this to say: "It is a micrococcus, and yet a streptococcus, because it may grow in chains; a diplococcus because its elements are usually coupled; and a staphylococcus because on solid media it may grow in bunches." Further on he

discusses the cardiac complications in a most interesting manner. The last article in the work is a very interesting one on "The Present State of Our Knowledge of Immunity," by Jos. McFarland, of Philadelphia.

CLINICAL TREATISES ON THE PATHOLOGY AND THERAPY OF DISORDERS OF METABOLISM AND NUTRITION. By Prof. Dr. Carl von Noorden, Physician in Chief to the City Hospital, Frankfurt, A.M. Authorized American edition, translated under the direction of Boardman Reed, M.D., Professor of Diseases of the Gastro-Intestinal Tract, Hygiene and Climatology, Department of Medicine, Temple College; Physician to the Samaritan Hospital, Philadelphia, etc. Part IV. The Acid Autointoxications, by Prof. Dr. Carl von Noorden and Dr. Mohr. New York. E. B. Treat & Company. 1903.

This series of works on Diseases of Metabolism and Nutrition has attracted considerable attention among the profession. Chapter 1 deals on "General Remarks on Autointoxication with Acid Products of Metabolism." Chapter 2, on "The Sources of the Acetone Bodies," is a very interesting one and tends to disprove some of the old theories as to the origin of acetone bodies. Chapter 3, dealing with "Where Are the Acetone Bodies Formed?" seems to prove quite definitely that the process is a intracellular one. Chapter 4, on the "Pathological Non-Diabetic Acetonurias." Chapter 5, on "Diabetic Acidosis," with a very interesting article, "On the Dangers in Dieting Diabetics too Strictly." The concluding chapter, No. 6, is on "Therapeutic Considerations."

On the whole, it is a very interesting little work, and well worthy of careful consideration.

PROGRESSIVE MEDICINE. VOL. 1V, December, 1903. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Oc-

tavo, handsomely bound in cloth, 434 pages, 46 illustrations. Lea Brothers & Co., publishers, Philadelphia and New York.

Volume 4 of *Progressive Medicine* comes to us fully up to the standard of the other volumes, and promises for the future of a price reduced from \$10 to \$6. While the publishers make this announcement of reduction in price, it is their intention to keep the work up to the present standard. There will simply be some change in the heavy cloth binding.

The volume under consideration contains a contribution from Dr. Belfield on Genito-Urinary Diseases, which covers the entire field in a practical manner. His article on the Prostate, especially on the treatment of Hypertrophy of that organ, is of special interest.

In addition to this, the articles by Bloodgood of Johns Hopkins; by Hemmeter on "Diseases of the Digestive Tract," and by Bradford of London on "Blood Changes in Chronic Renal Disease," are of special interest.

The practical Therapeutic Referendum, by Dr. Landis, concludes the work.

In dealing with the contents of "*Progressive Medicine*," it is impossible to mention more than a few of the subjects of special interest; each contributor, however, will be found to cover most thoroughly the entire field which is assigned to him. The different sections are not mere compilations, but are complete discussions of the various topics under consideration. Because of their standing as consultants and teachers, the contributors to *Progressive Medicine* are peculiarly cognizant of the points possessing interest for the medical profession. It is this knowledge and its practical application which has resulted in the wonderful success of the work.

THE REST CURE. — 7:30 a.m.
Nurse takes temperature and counts pulse and respiration.

8:00. Bath and breathing exercises.

8:30. Medicine.

9:00. Breakfast.

9:30. Visit from resident physician.

10:00. Massage.

10:30. A glass of milk.

11:00. Visit from my own physician, who counsels freedom from worry, relaxation, making "a carcass of your body and a jelly of your brain," and as much sleep as possible.

11:30. Flowers from a friend.

12:00. Doctor extracts a drop of blood from the ear for examination.

12:30. Medicine.

1:00. Dinner.

1:30. Visit from neighboring patient who slips in against rules, and gives the history of her complicated case.

2:00. Have just fallen into a doze when the head nurse comes into see how I am resting.

2:30. A glass of milk.

3:00. Electricity.

3:30. Time to be weighed.

4:00. Nurse comes in to lower blind, and tells of a woman who has just arrived and complained because a young man in white duck asked her impertinent questions.

"Why, that was the doctor," the nurse interposed.

"Good heavens!" the woman exclaimed, "I thought it was the cook!"

4:30. A cup of beef tea.

5:00. Letters.

5:30. Medicine.

6:00. Supper.

6:30. Visit from resident physician.

7:00. A cold pack.

7:30. A glass of milk.

8:00. Thoroughly exhausted, "Tired Nature's sweet restorer, balmy sleep," comes to my relief at last.—*Life*.

SOUTHERN CALIFORNIA PRACTITIONER

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LOS ANGELES, APRIL, 1904.

No. 4

DR. WALTER LINDLEY, Editor.
DR. F. M. POTTENGER, Asst. Editor.
DR. H. BERT ELLIS, Associate Editors.
DR. GEO. L. COLE }

THE TRANSMISSION OF DIPHTHERIA.*

BY L. M. POWERS, M. D., HEALTH OFFICER OF THE CITY OF LOS ANGELES.

This disease has prevailed at times in various parts of the world from a remote period, and has been described by writers in different countries since the time of Galen. In 1789 the disease was described by Bard of New York as *angina suffocativa*, and in 1828 Bretonneau of France gave a clear and lucid description of its characteristics. Its contagiousness or communicability has for all time been recognized, but the immediate infective agent, the bacillus diphtheria, was discovered by Klebs in 1883, and afterwards studied and cultivated by Loeffler in 1884. Since then there has been much time and labor devoted to the study of diphtheria, and there is no doubt that the Klebs-Loeffler bacillus is the specific cause of true diphtheria. The germs are disseminated by the infected persons spitting, coughing, sneezing and picking the nose with the fingers, etc. Handkerchiefs, napkins, towels, bed clothing, wearing apparel of any kind; cups, spoons or other dishes; pencils, books or other material

used by the infected, are common vehicles for the bacilli.

Dr. W. H. Park reports that the bacilli have been observed to remain virulent in bits of dry membrane by Loeffler for fourteen weeks, by himself for seventeen weeks, and by Roux and Yersin for twenty weeks. Dried on silk threads, Abel reports that they may sometimes live 172 days, and upon a child's plaything which had been kept in a dark place they lived for five months.

This disease is most often communicated by personal contact. The nurse or attendant, the members of the immediate family, those occupying the same house, in crowded and ill-ventilated institutions, or in close contact or association are most apt to contract the disease.

Every well-regulated community or municipality appreciating the fact that the isolation of the sick, and the disinfection of the dwelling and its contents, will limit the spread of disease, creates laws and makes rules for the isolation of persons sick with diphtheria. These

*Read before the Los Angeles County Medical Association, February, 1904.

regulations do not provide complete quarantine, inasmuch as egress and ingress is allowed certain members of the household, and those who have been exposed are not isolated, hence permitting the possibly infected to communicate with the uninfected.

The committee of the Massachusetts Association of Boards of Health concluded as follows:

First—It is impracticable to isolate well persons infected with diphtheria bacilli if such persons have not, so far as known, been recently exposed to the disease.

Second—It is not advisable as a matter of routine to isolate from the public all the well persons in infected families, schools and institutions, cultures from which show the presence of the diphtheria bacillus.

The committee believes that the danger from an infected healthy person depends on the age, habits, surroundings, occupation and intelligence of the individual, and all of these matters should be taken into consideration by the health authorities.

Dr. Westbrook modifies his assent to conclusion second as follows: "It may sometimes be impracticable to isolate from the public all the well persons in infected families, schools and institutions, though it should be done as a routine if at all possible."

It is impossible to maintain a complete isolation without a guard about the premises, for there are some who do not know enough to fear the disease or care to take precautions against transmitting it to others. Many persons thus exposed do not show clinical symptoms, and these are not isolated, but allowed to grow and disseminate the Klebs-Loeffler bacilli, and these bacilli may be non-virulent to some persons and virulent to others, as they enter the immune or non-immune.

The bacilli may remain in the throat

or nose of a person for weeks, and at times are more or less virulent, or the system may be able to manufacture anti-toxin for awhile and then from some cause of depression of vitality fail to supply sufficient anti-toxin to resist the invasion of the germs, thus giving us sub-acute cases.

This disease may be mild, as we see in other contagious diseases, such as walking typhoid and smallpox cases, or even smallpox without eruption, so we have cases of diphtheria without membrane which may transmit the most fatal form to some other persons.

Many bacteriologists have studied the morphological properties of the diphtheria bacilli, with the view of ascertaining the virulent or non-virulent characteristics, but so far as I can learn, the only reliable means of determining the virulence of the germ is by guinea-pig tests, and this test would not be practicable for quarantine purposes.

The rules of the boards of health in all large cities today require cultures to be made showing the presence of diphtheria germs in the patient before placarding the house; also the absence of the germs in the throat and nose before releasing the patient and disinfecting the house, etc. This city and many others require but one culture to show the absence of germs in a patient, and rely upon the family physician to take the culture to release the patient, which, I am sorry to say, is oftentimes not as carefully taken to protect the public as it is to remove the quarantine.

It is of interest to note a summary of a report made by Dr. W. A. Macy, of an epidemic of diphtheria at the Willard State Hospital, New York, in which he says:

"Early in 1897 diphtheria was brought into the institution through employees who had been in contact with a case near by. There followed an epidemic, a moderate number of cases developing

from time to time for six months, when it ceased without recurrence then or during the following year. In June, 1899, diphtheria broke out again, probably likewise imported, spread rapidly, seventy-five cases recurring, of mild type. It has continued, with intermissions of a month or two, till now, there being at present no actual diphtheria, but a number of germ cases in isolation.

"The condition is of a long-lasting epidemic, in an institution, mainly adults; of 2700 population, under resident medical supervision, with a well-appointed laboratory used on so extensive a scale that every member of the community had cultures taken over and over again, all of which are recorded. It was observed:

"(1.) That the type of the disease varies in different epidemics; in the first, 1898, nearly every one exposed, even slightly, took diphtheria, but the course of the disease was mild; in the present epidemic it was much less infectious, but much more virulent in character."

"(2.) The germs of diphtheria can maintain activity with much persistence outside the body and resist the action of ordinary disinfectants. Recurrence of the epidemic after all the people were found germ free was found to occur in rooms which, after occupation by the sick, had been subjected freely to formaldehyde, sulphur fumigation, washing with bi-chloride, hot soap suds, or soda solution, both walls and wood-work. Twenty-five cultures were often taken before a building was found free."

"(3.) It was found that cases discharged from quarantine after three negative cultures showed Klebs-Loeffler germs present; the sick were discharged only after three negative cultures, taken on alternative days. None of these thus tested were found afterwards to show the disease germs, but nothing short of this was found trustworthy."

"(4.) Presence of the germs in healthy throats was found; they persisted there for three weeks; cultures were almost or quite as pure as from membranous cases; virulence tests in the laboratory showed them to be as dangerous as those taken from clinical cases. Membranous diphtheria followed exposure to such, and even at second-hand, for in one clear instance a person associating with a germ case without sore throat carried in his clothing the disease in virulent form to a family living several miles distant, bearing germs taken from that case. It would appear, then, that bacteriological diphtheria is as potentially dangerous as clinical."

"(5.) Change in the shape of germs attended convalescence; when these 'degenerate' forms occurred, the disease generally soon yielded. There was reason to think that these attenuated forms may, under conditions favorable to rapid development, increase in strength, but that they have not sufficient virulence to be actually dangerous. While in membrane cases the bacilli followed a definite life history, those from a normal throat may differ daily, a fact important to bear in mind."

In June, 1903, there were a number of diphtheria cases reported to the Health Office from the neighborhood of Westlake Park, and upon inspection I learned that many families where the disease existed were supplied with milk from the Westlake Dairy. "I made cultures from the utensils, and the throats of two children who helped about the dairy and delivered milk to customers. All of these cultures proving negative, the proprietor of the dairy was instructed to construct a suitable milk-house, to clean up the corral, and to boil or sterilize the milk bottles before filling them. We had observed that the bottles were only washed in warm water and soda before being used. As I could not find any evidence of diphtheria at the dairy, I concluded that the

disease was being spread by refilling unsterilized bottles which had been left in houses where the disease existed.

The disease ceased to spread and disappeared until October 7, when six cases were reported from the same district and in families supplied from the same dairy. October 8 five cases were reported, etc., from the same district; and October 9 four cases were reported, etc. I visited the dairy, and, finding the proprietor and family absent, and no one there to answer any questions except the milker, who could not speak English, I made cultures of the brush used to clean the bottles, the water from the tub the bottles had been washed in, and of an uncleaned milk can. These cultures showed negative. October 10 five cases were reported, etc. October 11 four cases were reported, etc.; and again I visited the dairy and found the family (consisting of the dairyman, his wife and two children, and a milker.) I made cultures from the throats of all five persons. The throats of the wife, the milker and one daughter appeared about normal. The elder daughter had enlarged tonsils, with catarrhal pharyngitis. The proprietor's left tonsil was enlarged and inflamed. I again made cultures from the milk utensils, and the report from Dr. Leonard, the bacteriologist, was as follows: "Cultures from the two girls positive; the proprietor, wife, and the milker, negative. The cultures from the milk utensils negative, with regularly stained suspicious bacilli in the culture from the brush." October 12 I again visited the dairy, placarded the house, and stopped the sale of milk. I made cultures from the throats of the proprietor, his wife, and the milker, which were reported upon as positive in the cultures from the throats of the proprietor and the milker, but negative in that taken from the throat of the dairyman's wife. October 13 ten cases were reported from the

same district in families which were supplied with milk from the same dairy.

During the period from October 7 to October 17 there were in all thirty-three cases of diphtheria reported in thirty families of one hundred and ten families that received milk from this dairy.

On October 21 there were four cases of diphtheria reported from Angeleno Heights and neighborhood. Upon investigation, I learned that the families in which these cases existed were supplied with milk in bottles by the Angeleno Dairy. I visited the dairy and made cultures from the throats of one of the proprietors, the milker and two boys, who had occupied the same building with the absent proprietor and the milker at the dairy; also from the brush used for cleaning the bottles, and from the cloth through which the milk was strained into the large mixing can.

October 22, there being other cases reported from the same district, I again visited the dairy and made cultures from the utensils and the throats of the same parties as the day before, but could not ascertain the whereabouts of one of the proprietors, who was also absent the previous day. It was stated that he had gone down town to consult a physician about a sore hand. I returned to the office, to learn that the man I was looking for was in one of the hotels, and that a physician had left a culture from his throat in the office. I saw the young man, who had a well-marked clinical diphtheria. I returned to the dairy with the milk inspector and placarded the building which the sick proprietor and the milker had occupied, and stopped the sale of milk. October 23 the cultures from the throats of the two proprietors showed positive, and all other cultures negative, except the one from the straining-cloth, which showed regularly-stained suspicious bacilli. October 27 a culture taken from the throat of the milker showed Klebs-Loeffler bacilli.

The throat of the milker and one of the drivers or proprietors showed no membrane.

There were in all thirty-five cases reported from thirty-three families receiving their milk from this dairy between October 21 and November 1. The two proprietors delivered the milk to the customers, and their route or district overlapped a portion of the district or route of the Westlake Dairy. I found that their bottles had not been sterilized by boiling or steaming. The bottles were delivered to families, there used as part of the household furnishing, returned to the dairy, where, in each dairy, the warm water and soda washing was considered sufficient. I also have reason to believe that the bottles were sometimes refilled by the first dairyman on the wagon without being returned to the dairy.

On inspecting each of these dairies, I closely scrutinized the udders of the cattle for diphtheritic sores or ulcers, and found nothing suspicious.

While placarding a house where the mother was the infected member of the family, I saw two young children in good, healthy condition, and on inquiry learned from the father that the two children were not permitted to drink milk until it had been cooked, but that the mother usually tasted of the milk to see if it was sweet before cooking it for the children. I think the milk became infected in both dairies from the use of bottles which had been delivered to and returned from houses where there were mild cases, or previous to the reporting and isolation of more severe cases. After the dairyman became infected, he, no doubt, infected the bottles by handling them before delivery to his customers. In connection with this, I desire to notice a report made by Dr. Denny in the journal of the Massachusetts Associated Boards of Health, April, 1900, which reads as follows:

"In October, 1899, two children in a milkman's family were taken sick with diphtheria and were sent to the hospital. Realizing that others in the same house who were handling the milk might have diphtheria bacilli in their throats, and that the milk might so be infected, Dr. Chase made cultures from all the well members of the milkman's household. All were negative at that time. About three weeks later a number of cases of diphtheria began to appear among the milkman's customers. Cultures were again made from the well members of the household, and three healthy men were found to have the bacilli. Two of these men did the milking. The bacilli in their throats were very abundant, and were shown to be virulent by the inoculation of guinea pigs. In four families of the milkman's eight Brookline customers, there were twelve cases of diphtheria; at least six cases occurring among his customers outside of Brookline. Dr. Chase has shown very clearly that these eighteen persons were infected through the milk by the bacilli from the two healthy milkers. A fourth healthy man with the bacilli in his throat was found by Dr. Chase among thirty-one adults who were known to have been exposed by drinking the infected milk."

The transmission of diphtheria by the lower animals has been reported many times, but in many cases not substantiated. Dr. Moore, in "The Pathology of Infectious Diseases of Animals," states that "A comparison of the bacillus of diphtheria in man (Klebs-Loeffler) with those described from diphtheria in fowls, shows that morphologically and in their pathogenesis for experimental animals, the organisms are in no way alike. There is also a marked difference in the nature of the exudate in fowls and in man. The non-identity of these diseases has been clearly pointed out by Menard. Although these maladies are shown by several obser-

vations to be unlike in their etiology and the character of their lesions, the transmission of fowl diphtheria to the human species, and vice versa, is affirmed by several writers."

I have seen well-marked cases in cats, and Dr. Eddy of this city sent a culture from the throat of a cat which showed the barred forms of the germs. This cat belonged to a family in which diphtheria existed.

It is a well-known fact that the construction of sewers and the abandonment of cesspools and privy vaults is generally accompanied by an increase of diphtheria in the immediate section; which is no doubt caused by the infected contents of the cesspools and privy vaults being brought to the surface by the filling and the feet of those working in or about the same, and the bacilli conveyed to the carpets in the homes by the shoes of the workmen, or after the infected contents of cesspools or vaults being dried conveyed by the wind into the houses, or, perhaps, directly into the throats of the children. We know that often the refuse from the sick room, such as old rags, paper, and the contents of cuspidors, are emptied into cesspools without being disinfected, thereby infecting the cesspool.

McFarland reports that the bacilli in sand exposed to a dry atmosphere die

in five days in the light, and in sixteen to eighteen days in the dark; where the sand is exposed to a moist atmosphere the duration of vitality is doubled. In fine earth they remain alive seventy-five to one hundred and five days in dry air, and one hundred and twenty-five days in moist air. In the city of Los Angeles we have observed that following a wind-storm there is always an increase of diphtheria. While it may be possible that the particles of dust, etc., in the air during windstorms irritate the throats of already infected persons, and thereby develop the disease, yet we have all seen cases of primary laryngeal and bronchial diphtheria without any clinical or bacteriological evidence in the nose or pharynx; therefore, we conclude that the air must have conveyed the germs to the point of infection.

Authorities referred to: Flint's "Practice of Medicine," McFarland's "Text-book of Bacteriology," W. H. Park's "Bacteriology of Medicine and Surgery," "Studies Regarding the Morphology of the Diphtheria Bacillus," by Arthur F. Laird, M.D., in "Pediatrics," September, 1902; "Boston Medical and Surgical Journal," Vol. CXLIII, original article by Francis P. Denny, M.D.; same volume, No. 11, extract from bulletin of New York State Board of Health, "Observations made by W. A. Macy, M.D." "Manual of Bacteriology," by Muir & Ritchie.

PNEUMONIA.*

BY A. T. NEWCOMB, M.D., PASADENA, CAL.

Pneumonia, popularly known as lung fever, is one of the most widespread of all the acute diseases. Recent statistics show that since the advent of influenza in 1890 the case-frequency has risen considerably and the death rate likewise. It prevails in all ages and all climes. It attacks children as commonly as adults and is the special enemy of the aged. No disease recurs with such frequency,

and there are records of individuals who have had ten or more attacks.

There are two recognized varieties (1) Lobar P., in which the great part of the whole of one lobe or the whole lung is affected, and (2) Lobular P., in which the inflammation is confined to a single lobule or to a group of lobules scattered throughout the lung.

1. *Lobar P.*; also known as Pneumo-

* Read before the Pasadena Medical Society, March, 1904.

nitis Croupous or Fibrinous P., is an infectious disease, characterized by inflammation of the vesicular structure of the lungs and attended with abundant fibrous exudation into the air cells.

History: Until the time of Laënce, P. and Pleurisy were described as one disease. Hippocrates said that pleurisy was a disease quickly fatal and characterized by sputa of various colors. Much of the early history of this disease is interwoven with the detailed accounts of a great variety of pulmonary symptoms which occurred in Eastern Europe in the centuries preceding the Christian era and in Western and Southern Europe during the fifteenth and sixteenth centuries.

The Black Death has been regarded by some as an epidemic of P. French investigators were the first to separate P. from other morbid processes which occur in the thoracic organs. Stokes and Addison furnished material from which the clinical and pathological history of P. was constructed. Jürgensen was first to advocate the infection theory of P. and presented strong arguments to support his opinions. This brings us to the consideration of the

Etiology: The principal exciting causes have been ascribed to exhaustion, the presence of other infectious diseases, operations under anesthesia and exposure to cold. Exposure to cold was formerly considered the chief etiological factor, but as many cases occurred when no such exposure could be traced, such a theory was doubted; furthermore it had been observed that the disease sometimes occurred epidemically and was occasionally contracted by hospital patients lying in beds adjacent to those occupied by P. cases; also the sudden onset and definite course suggested an acute-infective fever, and it was thus suspected to be due to a specific germ.

The first contributor to the modern view of its etiology was Friedlander, who published his results in 1882 and

1883, but there is little doubt in the minds of bacteriologists that many of the organisms seen by Friedlander were in reality Fraenkel's Pneumococcus, the micrococcus, which at the present time is considered to be the exciting cause of P.

Fraenkel's Pneumococcus, the Diplococcus P. or the Dipococcus Lanceolatus, is found in the lungs and also in the sputum in a majority of cases of P. variously estimated from 66 to 95 per cent. This organism occurs in the form of small oval cocci, arranged generally in pairs, and also in chains of four to ten. The three ends are often pointed like a lancet, hence the names. It is not only found in croupous and in the secondary forms of P., but likewise in the pus of empyema, meningitis, pleuritis, otitis, anthraxis, peritonitis, and in the saliva of one-fifth of all healthy persons. It is identical with the cocci of sputum septicemia, and is easily confounded with many other similar cocci. From these facts its diagnostic significance is greatly impaired.

Symptomatology: The attack may be preceded by prodromes, such as malaise, headache, anorexia, pain in the limbs and back. But as a rule the first complaint of the patient is of pain in the chest and usually in the mammary region. This is sudden in its onset and often severe. In most cases a chill follows or may precede the pain. The chill varies from a mere creepy sensation to a heavy and pronounced rigor. With the chill there is a rise of temperature, often from 3° to 4° F. during the first twelve hours, rapidly rising to 103° to 105°. Then there is a period during which the temperature is maintained with slight variations for from the sixth to eighth day, when a crisis occurs, when the temperature may become normal or subnormal. Cough is an early symptom; it is repressed, as much as possible to avoid the pain which it causes. The sputum is apt to be

frothy and mixed with blood; later it becomes viscid and tenacious. Its color varies in different cases—it may be light yellow, greenish or brown. It is often spoken of as prune juice or rusty sputum; when of this character it is considered pathognomonic.

Respirations are early increased in frequency and out of proportion to the pulse and temperature. It is generally 40 to 50 and often 60 when the consolidation is extensive. Often the first forty-eight hours the chlorides in the urine are greatly diminished or entirely absent. In severe cases, albuminuria is common. Very early there is heard at the end of inspiration a series of minute cracklings heard close to the ear and perhaps not audible until a full breath is drawn, the crepitant rale. Dullness on percussion succeeds, and other physical signs of consolidation, viz., increased vocal resonance and vocal fremitus, tubular breathing, bronchophony, and if the pleura become involved friction sounds are audible.

In a large proportion of cases there is a decided leucocytosis, 20,000, 30,000 or 40,000 white cells to the C. M. The crisis may occur as early as the third day, or as late as the twelfth or fourteenth. Defervescence may take place by lysis.

Delirium is frequently observed, especially in those who have a tendency to cerebral disturbance in the presence of fever.

Diagnosis: As we have seen, the presence of the pneumococcus in the sputum is not sufficient evidence upon which to base a positive diagnosis, but like the vidal reaction in typhoid must be taken in consideration with signs and symptoms. The sudden onset, the pain, the chill, the fever, the rapid respiration, the rusty sputum, together with the physical signs, viz., the crepitant rale, and later the increased vocal fremitus and vocal resonance, dullness or percussion approaching flatness, all these in

typical cases make a diagnosis easy, but not all cases of P. run such a typical course. In about 20 per cent. the chill is absent, and pain is not marked unless the pleura is involved, and in central P. it is often absent. In feeble and elderly people fever may be slight and the respiration, usually very characteristic, is sometimes not strikingly frequent.

Mortality: The recorded percentage of mortality varies from 15 to 40 per cent. In Norris Series, of 500 cases the mortality was 25 per cent., and seven became phthisical. In the complicated cases the mortality was 40 per cent. In uncomplicated cases only about 10 per cent. The study illustrated the fact that the highly-febrile cases are less dangerous than the slightly febrile ones, the former being an index of vital force.

Hector Mackensie says P. causes very nearly as many deaths as typhoid, diphtheria, variola measles and scarlet fever put together. The combined statistics of Mackensie, Wells and Wilson Fax show that in a population of 30,000,000 no less than 220,830 persons annually suffer from P., and that 31,950 annually die of it.

Treatment: In this connection one is reminded of the story of the man who wrote a paper entitled, "Snakes in Ireland," and who began by saying, "There are no snakes in Ireland," and then proceeded to the completion of his classic. So in a paper on the treatment of P. we may truthfully affirm, there is no treatment for P. in the sense that there is a specific form of medication. Osler says P. is a self-limited disease and runs its course uninfluenced in any way by medicine. It can neither be aborted nor cut short by any known means at our command. In the majority of cases requiring treatment, the indications are to support the heart, to lower the temperature and to nourish the patient. At the onset it is important to differentiate the catarrhal from the croupous form and

equally as essential to differentiate between the various stages.

Dividing the disease into three stages, what shall we employ at the onset? Herein lies the consideration of the so-called abortive treatment by the use of bleeding and circulatory sedatives. If the patient be a full-blooded individual of the sthenic type, blood-letting within the first twelve hours is indicated. The use of the hot foot bath, the administration of Aconit, or Tinct. Vevatrium 3 m. every fifteen minutes for three to four doses and a Dover's powder to allay cough and increase diaphoresis, would doubtless be beneficial. But, unfortunately, few of us see our patient in this congestive stage; medical advice is seldom sought until a certain amount of exudation into the lung has taken place, and then these measures would be contra-indicated. The application of ice is strongly advised by many. Baruch advocates the full bath at 95° to 80° F. or cold affusions (70° to 60° F.) in children, and wet compresses in the adult. My own experience is strongly in favor of ice bag applied early over the congested area, or over the heart, and the ice cap to the head whenever there is headache or delirium. I make use of ice in this manner in all cases except infants, and in the old or feeble who seem after to be chilled by its use, and the very nervous and anemic patients who do not bear it well. In these I employ the oil silk jacket, with a local application of a mixture of camphorated oil, turpentine and oil of mustard, instead.

In the stage of consolidation or red hepatization, the ice helps to combat the hyperpyrexia. It should not be used long enough to chill the patient, but while the temperature is above 102° it should be used incessantly. The ice bag applied over the heart not only acts as a cardiac sedative, causing a rapid pulse to become slower and better in character, but by its use it has seemed that

digitalis has been able to do good where before it did not, and finally the ice bag applied over the precordium aids in preventing that serious complication, pericarditis.

Cold sponging, with friction, is another one of the best antepyrctic measures in this disease. Only in very rare instances, when the temperature is excessive and hydro-therapeutic measures inadequate, do we resort to antepyrctic drugs, knowing, as we do, that they invariably depress the nerve centers governing the heat production and increase the overworked emunctories, thereby diminishing the excretion of the toxic materials. More than that, they arrest the development of leucocytosis and thereby remove one of the means of destroying the germs.

The use of the hot poultice is a relic of antiquity; it is mentioned in terms of praise only by a small minority of authors, the general consensus of opinion being that they are difficult to keep hot, are dirty, and that they help to maintain fever, are hot and uncomfortable to a patient already short of breath.

It is highly essential in many cases of P. that the patient have rest, and this can be obtained by the hypodermic administration of morphia; often a rapid pulse and a restless delirium will subside after a quiet sleep following a dose of from one-eighth to one-sixteenth of a grain of morphia. The pain and the cough are likewise greatly ameliorated, adding much to the patient's comfort. Codia and heroin are excellent drugs for this purpose.

Another point in P., as in all infectious diseases, is to see that the elimination of toxic material through the bowels and kidneys takes place freely. Plenty of water should be given the patient at stated intervals.

As to the use of stimulation in P. when stimulation is needed, Osler says: "The progressive cardiac weakness is, after all, the most important enemy to

fight in P. To meet this indication, alcohol is the most trustworthy remedy. It should be given when the pulse becomes small, frequent and feeble or very compressible, in doses depending upon the age and habits of the patient."

Strychnia is perhaps used more than any other drug in P. Small doses, one-one hundred and fiftieth to one-one hundredth grain at frequent intervals—three to five hours is a popular method of administration.

In high arterial tension nitroglycerin is invaluable.

Van Slyck says digitalis may be substituted for strychnia when there is delirium and cerebral congestion.

Formerly ammonia was used extensively in croupous P., as an expectorant in the latter part of this stage, but authorities seem to agree that it has little to commend it except as a cardiac stimulant.

The value of Oxygen is problematical. But where the dyspnoea is pronounced and at the first appearance of cyanosis, its use certainly affords relief and often tides a patient over the crisis.

Regarding the use of the so-called empirical specific forms of treatment by the use of saline infusions and the anti-pneumococcus serum, I cannot speak from experience. The saline infusion may be indicated where the circulation is no longer sustained by other measures. The serums have not been successful in the hands of those who have advocated their use.

The prophylactic measures, as recently urged by MacAnal, deserve mention in this connection, viz., bacteriological identification, relative isolation, ventilation and subsequent disinfection of cases and the disinfection of sputa and discharges.

The diet of a P. patient should be of a light liquid or semi-solid, easily digested character. This should be given at regular intervals of, say, every three hours, and in such quantities as not to distend the stomach. As the treatment

of P. is necessarily empirical and symptomatic, it is well for the physician to remember that to be rational, his treatment must of necessity be exceedingly varied. It has been well said by Hare that in no disease does the welfare of the patient depend more on the skill, ability, bearing and discretion of the physician than in this disease, and nothing is more fallacious than that such cases can be treated by any routine method.

II. *Lobular P.*, also known as Catarrhal P., Broncho-Pneumonia, Capillary Bronchitis, is an inflammation of the terminal bronchus and air vesicles which make up a pulmonary lobule. The process begins in all cases with an inflammation of the capillary bronchi and involvement of the lobular structure.

This disease is generally a secondary affection, occurring in an individual already weakened by some previous disease, viz., as a sequence of measles, diphtheria, whooping cough or typhoid. Now and then it is met with in the form of Aspiration P. following the administration of anesthetics, most commonly ether. In still other instances it is the incipency of a tubercular process depending upon a tubercular infection. The disease is not sudden of onset as in Lobar P.; the tendency is not to speedy resolution and the development of a crisis. The pathological process consists chiefly in an inflammation of the tissues surrounding the bronchial tubes, and it is by an extension of this inflammation that sufficient of the lung is involved to cause the characteristic signs of consolidation. Croupous and Catarrhal P. are widely different in their clinical history, course and general manifestations. Much of the treatment of Croupous P., however, applies with equal force to the management of the catarrhal form.

The hydro-therapeutic measures are equally as efficacious in this as in Lobar P. Anti-pyretic drugs have no place in

this affection. Active supportant treatment and proper stimulation are clearly indicated. Stimulation is necessary in Catarrhal P., more or less actively at different times during the entire attack. In children there can be no doubt that small doses of alcohol, in the form of old whisky or brandy, are frequently most efficacious. Strychnia is a drug par excellence. Cheney describes its action as follows: (1) It acts as a stimulant to the respiratory centers. (2) It increases the reflex activity of the spinal cord, exaggerates the impression conveyed to it by the mucus in the tubes, making the cough more forcible, and so prevents the accumulation of viscid exudate. (3) It acts as a direct stimulant to the heart.

In treating the Croupous P., it was pointed out that the administration of expectorants was useless, chiefly because the condition of the bronchial membrane is not one in which mucous secretion takes place. In Catarrhal P. an exactly

opposite condition exists, and the use of expectorants is clearly indicated. Of these nothing is better than ammonia chloride. Another valuable remedy in this condition, particularly in children, is ammonia carbonate, given in doses of two to three grains every two or three hours, with acacia and water.

Cases which do not undergo resolution within a period of two weeks should be regarded with suspicion of tuberculosis. The administration of iodide of potash for the purpose of aiding in the resolution of the exudation of Catarrhal P. has been practiced by many, but it would seem more rational to rely on nourishing food and tonics and hygienic and climatic influences rather than on uncertain medication. Moreover, it is a well-known clinical fact that in tuberculosis of the lung, K. I. frequently causes a rapid breaking down of the tubercular masses, thereby making the patient worse.

44 South Marengo Avenue.

PLACENTA PREVIA.*

BY JOHN C. FERBERT, M.D., LOS ANGELES.

Placenta Previa is a term applied to a condition in which we have the placenta in whole or part attached to the inferior or retraction zone of the uterus. The condition is a rare one, occurring according to different authorities once in a thousand to once in sixteen hundred cases.

According to the implantation of the placenta, the cases are divided into four varieties; but for clinical purposes, two are sufficient—lateral or marginal, and partial or central. The etiology is obscure and practically all theory, and I shall not touch on it only to mention in cases in which Placenta Previa has once occurred it is liable to recur at subsequent pregnancies, one case being re-

ported in which Placenta Previa occurred for the fifth time.

There are no signs by which this condition can be diagnosed in the first half of pregnancy, and it is extremely difficult to diagnose in the last half. In the treatment of Placenta Previa, we do not wish to be misunderstood when we take issue with an old and time-honored method of procedure—the vaginal and cervical tampon. We believe we are all agreed upon the method of treatment when hemorrhage comes on early, especially before viability of the foetus in utero. But called to a case for the first time at term, finding the patient bleeding, what is our best method of procedure?

*Read before the Los Angeles County Medical Association, March, 1904.

Let us see what some of our best authorities say with regard to the condition:

Warren, "Principles of Obstetrics:" "If bleeding is found to be profuse at the first visit, or should happen before full dilation, tampon immediately."

Jewett, "Practice of Obstetrics:" "The vaginal tampon, if it is properly applied, effectually controls the bleeding."

Dorland, "Modern Obstetrics:" "If the patient be bleeding freely when first seen, the indication is to arrest the hemorrhage. This should be done with a vaginal tampon of wool." Winkle states that he can, through the Sims speculum, pack a vagina so thoroughly that not one drop of blood can escape. And so I could quote you a dozen more authors.

These principles, laid down in text-books, are accepted by students as sound and unerring, and undoubtedly the first case of Placenta Previa coming under the practitioner's care will be treated accordingly, as he learned it from his text-book.

Does the vaginal tampon in Placenta Previa, when labor has begun, control bleeding? We know in the physiological process of labor that each pain or uterine contraction dilates the cervix, and helps to obliterate it by retraction of its fibres. The vagina is a very distensible canal. Now what does a cervical and vaginal tampon do when applied? Immediately stimulates the uterus to more rapid and increased contractions. By so doing, at each contraction, more placental tissue is loosened and torn away, only increasing hemorrhage. The cervical tampon, after two or three contractions, is loosened, and the packing of the vagina, which at the time may have seemed ever so thorough, has distended the vagina sufficiently to allow the blood to trickle down alongside the tampon between it and the vaginal wall. If the bleeding be at all severe we will find the condition

within half a dozen pains. We remove our packing and find the vagina full of clots; we have lost time, our patient is still bleeding, and we have only deluded ourselves for a short time, thinking we had the hemorrhage under control. A better method of treatment for a case bleeding, and seen for the first time, would be to note the amount of blood lost at each contraction of the uterus; if not severe enough to cause alarm, do nothing but watch and observe. By so doing you can observe at each contraction just the amount of blood lost: as soon as it becomes sufficient to cause anxiety, if we can insert two fingers into the cervix, do a version by the Braxton Hicks method; if this can't be done, dilate at once, bring down a leg; this controls the hemorrhage immediately, and labor can be terminated then as deemed best according to conditions of patient and environment.

In looking over the text-books at my command, with but one exception, I found the tampon recommended to control the bleeding in Placenta Previa. Barnes, in his "Obstetrics, Medicine and Surgery," states: "Vaginal plugs are treacherous aids requiring the most vigilant watching." The plug introduced with so much care by the physician, and pain to the patient, soon becomes compressed; blood runs past it or accumulates above or around it, and the tide of life ebbs away unsuspected. Never leave the patient, trusting to vaginal plugs. Feel her pulse frequently, watch her face closely, examine to see if blood or tinged serum is oozing externally."

As stated early in this paper, the condition is rare; the average practitioner will meet with but few cases in a lifetime; hence it is most important to know what best to do at the earliest possible time; for none, except those of us who have experienced the terrible hemorrhage which can come with this condition, can appreciate how rapidly a patient can become exanguinated.

We would condemn the vaginal tampon in Placenta Previa for the following reasons: It does not control hemorrhage; it increases the hemorrhage by provoking contractions; it conceals the condition only, and our patient may

rapidly bleed to death; and, last, the possibility of sepsis, which is great in this condition, due to the low implantation of the placenta, is greatly increased.

Bradbury Building.

"ALUM IS POISON."*

BY LINCOLN STEFFENS.

A longer trail is that of William Ziegler; his business, the Royal Baking Powder Company; and the company's agent, Daniel J. Kelly. In Missouri they said Crow was "after" United States Senator Stone, but "they travel in pairs," so he had to begin with the business men, as Folk did. He indicted first Kelly, then Ziegler, for bribery. Lee, whose confession caused the indictment of Kelly, wired this warning: "D. J. Kelly: Your health being poor brief recreation trips if taken would be greatly beneficial. James Sargent." Kelly took the recreation trip to Canada, and Ziegler, in New York, resisted extradition to Missouri for trial. The prospect was of a long lawyers' fight, the result of which need not be anticipated here. Our interest is in the business methods of this great commercial concern, the Royal Baking Powder "trust," and the secrets of the success of this captain of the baking-powder industry. And this, mind you, as a key to the understanding of "politics."

We have been getting into business by following politics. Now, for a change, we will follow a strictly business career and see that the accepted methods of business are the despised methods of politics, and that just as the trail of the successful politician leads us into business, so the trail of the successful business man leads us into politics.

Ziegler's "success story" is that of the typical poor boy who began with nothing,

and carved out a fortune of many, many millions. He was not handicapped with a college education and ethical theories. He went straight into business, as a drug clerk, and he learned his morals from business. And he is a "good business man." This is no sneer. He told me the story of his life one night, not all, of course, for he knew what the purpose of my article was to be, but he told me enough so that I could see that if the story were set down—the daring enterprise, the patient study of details, and the work, the terrible, killing work—if this all were related, as well as "the things a business man has to do," then, I say, the story of William Ziegler might do him, on the whole, honor as well as dishonor. But this, the inspiring side, of such stories, has been told again and again, and it does not give "our boys" all the secrets of success, and it does not explain the state either of our business or of our politics. I have no malice against Mr. Ziegler; I have a kind of liking for him, but so have I a liking for a lot of those kind, good fellows, the low-down politicians who sell us out to the Zieglers. They, too, are human, so much more human than many a "better man." How often they have helped me to get the truth! But they do sell us out, and the "good business men" do buy us out. So William Ziegler, who also helped me, he, to me here, is only a type.

Ziegler went into the baking-powder

*Abstracted from McClure's Magazine for April, 1904, from one of a series of articles, that every American should read, entitled, "Enemies of the Republic."

business way back in 1868 with the Hoaglands, a firm of druggists at Fort Wayne, Indiana. The young man mastered the business, technically as a pharmacist, commercially as a salesman. He fought for his share in the profit; he left them and established a competitive business to force his point, and in 1873 they let him in. So you see, Young Man, it isn't alone sobriety, industry, and honesty, that make success, but battle, too. Ziegler organized the Royal Baking Powder Company in 1873, with himself as treasurer.

The business grew for three or four years, when it was discovered that alum and soda made a stronger leaven, and cheaper. Worse still, alum was plentiful. Anybody could go into its manufacture, and many did. The Royal, to control the cream of tartar industry, had contracted to take from European countries immense quantities of argol, the wine-lees from which cream of tartar is made. They had to go on making the more expensive baking-powder or break a contract. That would be "bad business."

So Ziegler was for war. His plan was to "fight alum." His associates, less daring than he, objected, but Ziegler won them over, and thus was begun the "Alum War," famous in chemistry, journalism, and legislation. Outsiders knew little about it, but they can find the spoils of Ziegler's battle in the bosom of their own family. Let any man in the North, East, and West, ask himself if he does not think "alum in food is bad;" if he can't answer, let him ask his wife. She will not know exactly why, but she is pretty sure to have a "general impression" that it is injurious in some way and that "the Royal is pure," "the best." This general impression was capitalized by Ziegler in 1898, at a valuation of many millions of dollars. He combined, in a trust, the Cleveland, Price, and Royal cream of tartar companies; their separate capi-

talization amounted to something over one million. The trust was capitalized at \$20,000,000.

Now, how did Ziegler plant this general impression which was sold as so much preferred and common stock? He began the war by hiring chemists to give "expert opinions" against alum and for cream of tartar. The alum people, in alarm, had to hire chemists to give opposite opinions for alum and against cream of tartar. What the merits of the chemical controversy are, no man can decide now. Hundreds of "eminent scientific men," chemists, physiologists, and doctors of medicine, have taken part in it, and there are respectable authorities on both sides. The Royal's array of experts, who say "alum is bad," is the greater, and they are right as to "alum in food." But that is a trick phrase. The alum people say, and truly, that the alum in baking-powder disappears in the bread, just as cream of tartar does, and that the whole question resolves itself into the effects on the human system of what is left. In the case of the alum, the residuum is hydrate of aluminum, of which Dr. Austin Flint, who experimented with Prof. Peter F. Austin and Dr. E. E. Smith, says that it "is inert; has no effect upon the secretion of gastric juice, nor does it interfere with digestion; and it has no medicinal effects." On the other hand, the alum party say that the residuum of cream of tartar powder is "Rochelle salts, an irritant drug with purgative qualities." This the Royal overwhelmed with testimony, but Ziegler does not believe much in defense. He attacks. His was a war on "impure food," and his slogan was short and sharp: "alum, a poison." That was all.

And that is enough for us. Our war is on "impure business," and, whatever the truth is about alum and cream of tartar, the truth about Ziegler and the Royal Baking Powder is this: *they were making alum baking-powders them-*

selves. All the while Ziegler was buying those expert testimonials against it, he was manufacturing and selling alum baking-powder.

This, on his own testimony. He brought a suit once against the Hoaglands, his associates, and he wanted to show that he, not they, had made the business what it was; so he went upon the stand and swore that *he* started the alum war; *he* hired Dr. Mott, the first chemist, etc., etc. Listen, then, to this captain of industry confessing himself:

"I have heard the testimony about what is called the 'alum war,'" he says. "I instituted it upon the part of the company. I employed Dr. Mott personally—it is possible that Mr. Hoagland may have made the money arrangement with him; I also visited other chemists and got certificates; I did all that business connected with the chemical part of the investigation, preparing the matter; I originated that matter; Mr. Joseph C. Hoagland bitterly opposed it; he said war on alum would injure the sale of all baking-powders; that it would bring all baking-powders into disrepute, and it was difficult for the public to tell an alum baking-powder from a cream of tartar powder.

"We had also as a company been manufacturing alum baking-powder, which was in the market, not under our brand, 'Royal,' but another brand. The theory was that our competitors might get hold of some of that, analyze it, and show that we also manufactured alum baking-powder."

Nor is that all. Ziegler says he "got" the chemists. How he "got" them I don't know, but the company had at one time an ammonia skirmish. They were making ammonia baking-powder, and the alum people "showed them up," so Ziegler had to have ammonia testimonials from leading chemists, and he sent out for them.

"I got some myself," he testifies. "I went over and saw Professor Norton,

who had given an adverse opinion. I got him to change his mind. He did not deny what he had said before, but he gave us something that answered our purpose."

"Answered our purpose!" There you have the equivalent in business of the political platform. The purpose answered in the alum war was advertisement. Having "got" the chemists' opinion, he had to turn that into public opinion, so he had to "get" the press. And he got the press, and his method of advertising fixed public opinion. How?

The Chamber of Commerce of Richmond, Va., recently, "in seeking the source of a prejudice which once existed in the State (against alum baking-powder, which is a staple in the South,) believes," it says, "that it is to be found in a comprehensive system of what may be called 'blind advertising' or 'written notices' inaugurated years ago in the newspapers of the country by the Royal." The Chamber printed a sample contract:

"Please publish articles as below, each one time, in Daily and Weekly, as pure, straight reading, on top half of fifth page, set in the same size and style of type, and with the same style of heading as the pure reading adjoining, leaded or solid to correspond with such pure reading, to be surrounded by pure reading, and without date, mark or anything to designate them as paid matter; and with the express understanding that they are not at date of publication or afterward to be designated or classed by any article or advertisement in your paper as advertisements, or as paid for, or as emanating from us. Start with top one on list and publish, in same order, Daily two days apart and Weekly one week apart.

"ROYAL BAKING POWDER CO."

This step paved the way to the publication of anything the Royal might want to say as news or as the disinterested opinion of the paper. They would get a case of poisoning, for example,

have it investigated and reported in a newspaper, then they would send the clipping for publication to their newspapers. Here is one:

From the Commercial-Appeal, Memphis, Tenn., Jan. 2, 1900.

SAID TO BE ALUM POISONING—SERIOUS
CASE OF ILLNESS REPORTED FROM THE
USE OF IMPURE BAKING-POWDER.
Johnstown (Pa.) Tribune.

The poisoning of the Thomas family, of Thomas Mill, Somerset county, four members of which were reported to have been made dangerously ill by impure baking-powder used in making buck-wheat cakes, has been further investigated.

The original can, with the remainder of the baking-powder left over after mixing the cakes, was secured by Dr. Critchfield. The powder had been bought at a neighboring country store, and was one of the low-grade brands.

Dr. Critchfield said that the patients had the symptoms of alum poisoning. As the same kind of baking-powder is sold in many city groceries as well as country stores, Dr. Critchfield thought it important that a chemical examination should be made to determine its ingredients. He therefore transferred the package of powder to Dr. Schill, of this city, for analysis. Dr. Schill's report is as follows:

"I certify that I have examined chemically the sample of . . . baking-powder forwarded to me by Dr. Critchfield. The specimen contained alum."

"DR. FRANCIS SCHILL, JR., Analyst."

Alum is used in the manufacture of the lower-grade baking-powders. It is a mineral poison, and for this reason the sale of baking-powders containing it is many cities prohibited.

The Thomas family tried to answer this "news item." Six of them signed a statement that they were sickened not by alum baking-powder, but by arsenical poisoning from a newly-painted sausage machine; that "the doctors did not tell

us that the symptoms was alum poisoning, but arsenical poisoning;" that they were "using alum baking-powder then and are yet, as Dr. Schill and Dr. Critchfield said it was all right." And the physicians made affidavits to the same effect, one of which, Dr. Critchfield's, covers both:

"Personally appeared before me J. B. Critchfield, who deposes and says as follows:

"That I am the doctor who attended the Thomas family who were poisoned some time ago.

"The statements and advertisements of the Royal Baking Powder Company that I stated that they (the Thomas family) were poisoned by alum in baking-powder, is false. I never made any such statement. Mr. La Fetra, the agent of the Royal Baking Powder Company, called on me and asked me if I would state that the poisoning was alum poisoning, and I told him I would not.

"They have in their advertisement misquoted me and have made false statements in regard to the matter, as the symptoms were arsenical poisoning and not alum.

J. B. CRITCHFIELD.

"April 20, 1900."

Such lying was not so common as a more subtle deception. A typical form of "reading notice" was to speak of alum as a poison, and then add suggestively: "Recently in New York two deaths occurred from poisoning by the use of powders sent to victims in samples." This does not say that the powders were alum, and, so far as I can learn, the only two deaths that occurred in this way at about that time were those of Barnett and Mrs. Adams, for whose murder Molineux was tried and acquitted; and Kutnow and bromo-seltzer were the powders alleged to have been used on them.

Such methods are corruption; not in law, not in business. "Seeing" a chemist and getting him "to change his mind" and give "something that will answer a

purpose," would be "fraud" and "pull" in politics; in business it is only a "trick of the trade." Printing lies is "faking," when the newspaper itself does it; but to do it for a big advertiser is a common practice of every-day business. It pays, and what pays is right. In the years preceding the formation of the trust, the Royal company, capitalized at \$160,000, made profits which rose from \$17,647, in 1876, to \$725,162, in 1887. In other words, the income in 1887 was more than four times the capital, and the largest item of expense was for advertising, which ran up from \$17,647, in 1876, to \$291,084, in 1887. As the Hoaglands swore: "The great value of the property, estimated at millions of dollars, consists not in goods, nor in factories, nor in substantial assets, but in the good-will and popularity of its name and trade-mark." In short, as I said before, in a capitalization of twenty millions, eighteen represented a "general impression" that "alum was bad" and that cream of tartar was "the best."

But this was not enough. One year's profits of a million and a half were made on only 20 per cent. of the baking-powder business. If they could get the other 80 per cent., they could make six and one-half millions a year. And why not? Alum had not been driven out of the trade; it made gains steadily. The Royal had to keep up its fight. As Mr. Hoagland said: "A subtle tenure hangs upon its continued success (*sic*) which can be maintained only by the most unique and peculiar abilities, by the most cunning tact and long experience." Since, then, they had to fight for life, why not fight for a monopoly? Ziegler was (and he is) for entirely driving alum out of use.

How? By legislation. But success would cost the consumer thirty millions a year. The consumer is the people, and legislators are representatives of the people. No matter. The representatives of the people must use the power of the

people to build up a trust by compelling the people to use only trust baking-powder. Impossible? Not at all. Legislation favorable to the Royal has been enacted or offered in twenty-four States of the Union! How the trust worked in all these States I do not know. Ziegler charged the Hoaglands with having "paid money to influence legislators in the Legislature of the State (of New York) and paid the same out of the funds of the company." I don't know about New York. I must go by the experience of Missouri, and, while Attorney-General Crow charges Ziegler with bribery out there, all I can prove is that bribes were paid in the interest of the Royal. Besides, direct bribery by a captain of industry himself is not typical, and it is the typical that we want to understand. This commercial concern went into politics, and it applied to the politics of Missouri those "peculiar abilities" and the "cunning tact" which we know and which we see have met the supreme test of business—success. Now we can see what business methods look like in politics.

Ziegler becomes a mere shadow. Corrupt Royal agents do the work. One of these was Daniel J. Kelly, publisher of the *American Queen*. Kelly organized, in 1890, the National Health Society, a "fake" as to national membership; just like fake political organizations. "Pure food" is the Royal's platform, and Kelly made pure food his hobby. "I have made a study of the subject," he said in an affidavit submitted to the United States Industrial Commission. "Such time as I have had free from the demands of my publishing business I have largely devoted . . . to furthering the passage of pure food bills in the various States. For the past two or three years my attacks . . . have been largely directed against alum baking-powder, and I have been interested in the movement that has spread through nearly all the States of the Union in

favor of pure food laws, prohibiting the use of alum baking-powders on the ground that they are poisonous."

To follow Kelly through "nearly all the States of the Union" would be interesting, but Missouri will have to do. In 1899 a bill was introduced into the Legislature of that State, prohibiting the use of poisons in food, "arsenic, calomel, bismuth, ammonia or alum." "Or alum" was the point. Missouri is an alum State; \$15,000,000 was invested there in the alum baking-powder industry, which was one of the largest in the State and represented all the capital and all the enterprise of many of its citizens. "Or alum" would drive them out of business and leave a foreign trust a monopoly. But those legislators, in this Democratic State, advanced that bill out of turn and passed it, without a hearing, without notice, in secret. And the alum men did not learn till August 14th, that after August 17th they could not continue in business, and then they heard of the law by accident.

This outrage aroused public opinion, and the alum men prepared a repeal bill for the next session, two years later. Meanwhile, however, Kelly and the National Health Society extended their organization. The Health Society of Missouri was formed and the founder thereof was that "friend of the people," the Hon. William J. Stone, ex-Governor of Missouri, and then a candidate for United States Senator. Now, Stone is no boodler. He and Colonel Phelps, after a long political friendship, quarreled once, and Stone called Phelps a lobbyist. "Oh," said Phelps, "we both suck eggs, Stone and I, but Stone, he hides the shells." But I do not believe that Stone handles bribes. He is that other type, the orator of the people, whose stock in trade is his influence; "an embezzler of power" Folk called him once. This anti-trust orator was hired by the trust to bring action under the trust's "or alum" law against his fellow-citizens

and thus install the foreign trust in the field of a general local industry. "Ah, but he acted as a lawyer." Do you know who said that? None other than William J. Bryan, arch-Democrat, arch-friend of the people, arch-foe of the trust, and that does excuse this political treason—in law and in business. I asked one of Folk's confessed boodlers, once, whether, if he had it all to do over again, he would boodle again. "Yes," he said thoughtfully, "but I would study law." "Why?" I asked. "So as I could take fees instead of bribes," he said, without humor. In other words, he saw, as Bryan saw, and Stone and the commercial world see that what is boodling in politics is business in the practice of the law. And the practice of law is business.

When the alum men's repeal bill was introduced in the session of 1901, Kelly's plan to beat it was laid. Lieutenant-Governor Lee, who has told the story, referred the measure to a picked committee which was to have a hearing. The Hon. William J. Stone was to appear on the trust side, but not for the trust. There was no hearing, but Stone's speech, full of the Royal expert's chemical facts, in the Royal's phraseology, was laid on the desks of the members, and this is the way it begins:

"I appear before you on the request of the Health Society of Missouri. This association is composed of a number of people—good people, both men and women—living in different parts of the State, with headquarters in St. Louis." There was no such society. The "number" was three. They were not "good people," not "both men and women;" they were Stone, his son, and one other man. And the headquarters in St. Louis was in the safe of Stone's law office.

And this is a United States Senator! The Democrats of Missouri have sent him to Washington to do battle there for the "good people, both men and women," against the Republican representatives of

the Octopus. Well, we also are bound for Washington and we'll be interested chiefly in the Republican Senatorial traitors, but we shall meet Stone there, too, and an introduction to a Democrat or two may help us. Let us turn now to an honest boddler, the Hon. John A. Lee, and hear how the "little alum fellows'" repeal bill was killed in 1901, and how, again, in 1903, in the session which elected Stone United States Senator, it was beaten.

"When I was elected Lieutenant-Governor in 1900," Lee says, "I was entirely unfamiliar with the ways of legislation. The Royal Baking Powder Company had been doing extensive advertising in the paper with which I was connected. I have known Daniel J. Kelly for some years and he has been ostensibly my friend. In the beginning of the session of 1901, I made no secret of the fact that it was my desire to defeat the repeal of the (anti-) alum law.

"One day Senator Farris came to me and said that it ought to be worth a good deal to the Royal Baking Powder Company to keep the anti-alum law on the statute books; and that the boys on the committee did not think that they ought to prevent its repeal without some compensation. I asked him what the boys wanted. He said they wanted \$1,000 apiece for six of the committee, which was all of the committee except Senator Dowdall, and \$1,000 for the Senator who introduced the bill. Unfortunately for me, Kelly called me up over the long-distance telephone from New York that same day, and I communicated to him the proposition made to me by Farris. He said he would see his principal and wire me the next day whether or not the proposition would be accepted. I received a telegram the next day from Kelly stating that the proposition was agreeable. This telegram I gave to Farris in Senator Morton's room, who was ill at the time. The agreement was that the bill, in return for

the money to be paid each Senator, would be killed in committee—that is, never reported from the committee. The committee did keep the bill, and though there were various protests all over the State demanding a report from the committee, none was made.

"I have since learned that the chairman of the committee, in order to escape the pressure being brought upon the committee, left Jefferson City with the bill in his pocket, not returning until the closing day of the session, and that the report of the committee on the bill was filed by the chairman after the session adjourned, and the journal falsified, so as to have it appear that the report was made during the session of the Senate on the last day. This report made by the committee on the bill was written in New York and sent to me by Kelly. I turned it over to Farris, and this report was made a report of the committee, I believe, without any change.

"On February 28, 1901, I received a check from Kelly for \$8,500, being the \$7,000 for the seven Senators mentioned and \$1,500 for myself. On March 19, 1901, the day after the adjournment of the Legislature, I met Farris by appointment at the Laclede Hotel and settled with him and his associates in accordance with his proposition. I went to the bank and drew \$7,000, leaving \$1,500 for my share, went to Farris's room, and there handed the money to Senator Farris. He divided the \$7,000 into seven different packages or envelopes. While I was in the room Senator Mathews and Senator Smith came in, and to each of these Senator Farris gave one of the packages. The \$1,500 was to go to me, and was used by me in a trade paper.

"Just prior to the last session (1903) Kelly sent for me to come to the Planters' Hotel. I went to his room, found Senator Farris there, and Kelly told me in the presence of Farris that he had \$15,000 for the Senators to defeat the repeal

of the alum law of this session, and that \$1,000 was for me. I told him I could not take it. He communicated with me at various other times, that he had \$1,000 for me in return for what I should do for him, etc., but I was determined to take no more money in that way, and refused. Finally, it seems he sent for my brother and gave him a check for \$1,000, telling him to give it to me, tendering it as payment to me for my official influence."

Poor Lee! The miserable bribe-taker is disgraced and abandoned. He might have been Governor. The alum people were for him in the last session; he had promised them a fair committee, and he hoped not to have to vote himself. But Senator Farris was against him, and Farris arranged it so that, when the measure came up, there was a tie in the Senate. At the close of the roll, when the clerk turned to the chair for the deciding vote, Farris rose in his place. The chamber was still; everybody was aware that a weak boddler "wanted to reform," and that the "game was to show him up." Lee hesitated.

"Mr. President," said Farris, pointing his finger at Lee, "we are waiting for you."

"Nay," Lee voted, in a whisper, and the trust was left in control for two years more.

MURPHY OF CHICAGO.

One of the pleasant events in the life of the profession of Southern California is the annual visit to this section of Dr. John B. Murphy, the Chicago surgeon. He has again recently spent two or three weeks with us, and has been the recipient of many deserved attentions. Probably the most elaborate function in his honor was a luncheon given at the California Club by Dr. Andrew Stewart Lobingier. It was an elegant and delightful affair. Those present, besides the guest of honor and the host, were: Norman Bridge, George L. Cole, Milbank Johnson, E. W. Fleming, J. H. McBride, E. B. Hoag, F. C. E. Mattison, John R. Haynes, Walter Lindley, W. W. Beckett, Granville MacGowan, E. A. Bryant, M. L. Moore, W. W.

Hitchcock, E. R. Smith, Joseph Kurtz, George W. Lasher and H. G. Brainerd.

Dr. Murphy also delivered an earnest address while here to the nurses of the California Hospital. He impressed upon them the great responsibility that they had assumed and urged that no young woman should undertake it who could not devote her heart and soul to a life of self-sacrifice. The doctor became very serious in his advice, and said: "When the operation has been performed, the doctor goes away and leaves the nurse alone with her patient and her God." Dr. Murphy also spoke very highly of the medical profession of Southern California, and said that the nurses of Los Angeles had most excellent opportunities for education and development. He also complimented Miss Hewitt, the superintendent of nurses, whom he had known thoroughly in her professional work in Chicago. Dr. Murphy left Los Angeles on the evening of March 30th.

"FACULTATIVE STERILITY" is the term used by Kock of the University of Bonn to designate a new procedure he has devised, and which he recommends for use when it seems necessary to prevent possibility of conception for any length of time without permanently depriving the subject of procreative power. He forms two folds of mucous membrane, one at the anterior and the other at the posterior lip of the external orifice of the uterus. These act as valves, permitting the outflow of the menstrual fluid and preventing the entrance of the spermatozoa. He uses the word "facultative" because, by the removal of the folds, fertility may be restored. Since the days of Sims and his artificial impregnation no procedure has been introduced to the profession which seems quite so original and ingenious as this. It remains to be seen, however, how effective these artificially produced valves will be against the spermatozoa, possessing as they do such remarkable motility. Should they prove effective, the procedure will be of great value in the class of cases in which tubal ligation or excision has hitherto been practiced, and particularly in married women suffering from diseases of the lungs, heart, or kidneys, rendering pregnancy peculiarly perilous.—*American Medicine*.

CALIFORNIA MISTLETOE.

BY HELEN LUKENS JONES.



"UNDER THE MISTLETOE" AT IDYLLWILD.

CALIFORNIA forests, though wrapped in perennial sunshine, and vocal with the song of streams and birds, are not exempt from the clinging impostor, and however hard the old trees may wag their heads, the uninvited guests will not be dislodged. They stick like leeches and drink the life of their involuntary hosts until the latter become wan and unkempt with a struggle which ends only in the death of both.

The mistletoe is an incorrigible "sponge" in nature. It has apparently no object in life except to thrive off the earnings of others, and avoid individual effort. Yet, deplorable as are its ethics, it is so luxuriant and beautiful



MISTLETOE IN SYCAMORE ON THE STAGE ROAD BETWEEN HEMET AND IDYLLWILD.

(Courtesy Out West Co.)

Photo by Helen Lukens Jones

throughout the entire year, and it has been so intricately interwoven with legend, religion and romance for ages past, that it wins attention and admiration, if not respect. As it hangs among the bare branches of winter, notably those of the oak and sycamore, the mistletoe with its full, rich foliage, its blossoms and its waxen berries, is so joyful, vigorous and comforting in the otherwise dormant forests that we forget the questionable morals of this parasite, and welcome it into our homes at Christmas time as a most cherished decoration.

The family Loranthaceae is well represented throughout the forests of the State. It inhabits the woods of the Sierra Nevada, and has been found growing at elevations of 10,000 feet. But it is more frequently found between 2,000 and 6,000 feet. It shows partiality for certain localities.

In our Southern California mountains it is found in great abundance; perhaps most abundantly of all on the slopes of the San Jacinto range. Here stage-road and trails are walled by trees fairly laden with bunches that hang like huge birds'-nests. They are in reality oftentimes bird palaces; for the musical denizens of the woods love the deep shelter from wind and storm that the closely woven foliage affords; and often, as stages or horseback parties clatter past, they peek from their woodland towers, and twitter at the intrusion. There is something irresistible about the great green masses that hang so gracefully above the rumbling stage; and tourists invariably beg the driver to stop, that they may gather one of these green bunches of love and mystery. If the driver is especially good natured, the request is granted; otherwise he gives the horses an extra crack of the whip.

There are said to be 300 species of mistletoe in the world; but the habit of the plant is similar in different countries. It is very noticeable in our California woods that two kinds of mistletoe are never found on the same tree, though it may puzzle the botanist to tell why. Mistletoe is a true parasite. It has no roots, but anchors itself to tree trunks and branches by a sucker-like process. Its perpetuation in the forests is made possible by the birds. The little songsters are very fond of the berries, but in eating them the glutinous seeds often adhere to their bills or feet, and to rid themselves of the tantalizing burdens they rub them off on the branches and trunks of trees, where they stick and germinate. This is the beginning of an individual mistletoe life.

It sometimes takes months for the seeds to germinate after being



MISTLETOE ON OAK (San Jacinto Mountains.)

(Courtesy Out West Co.)

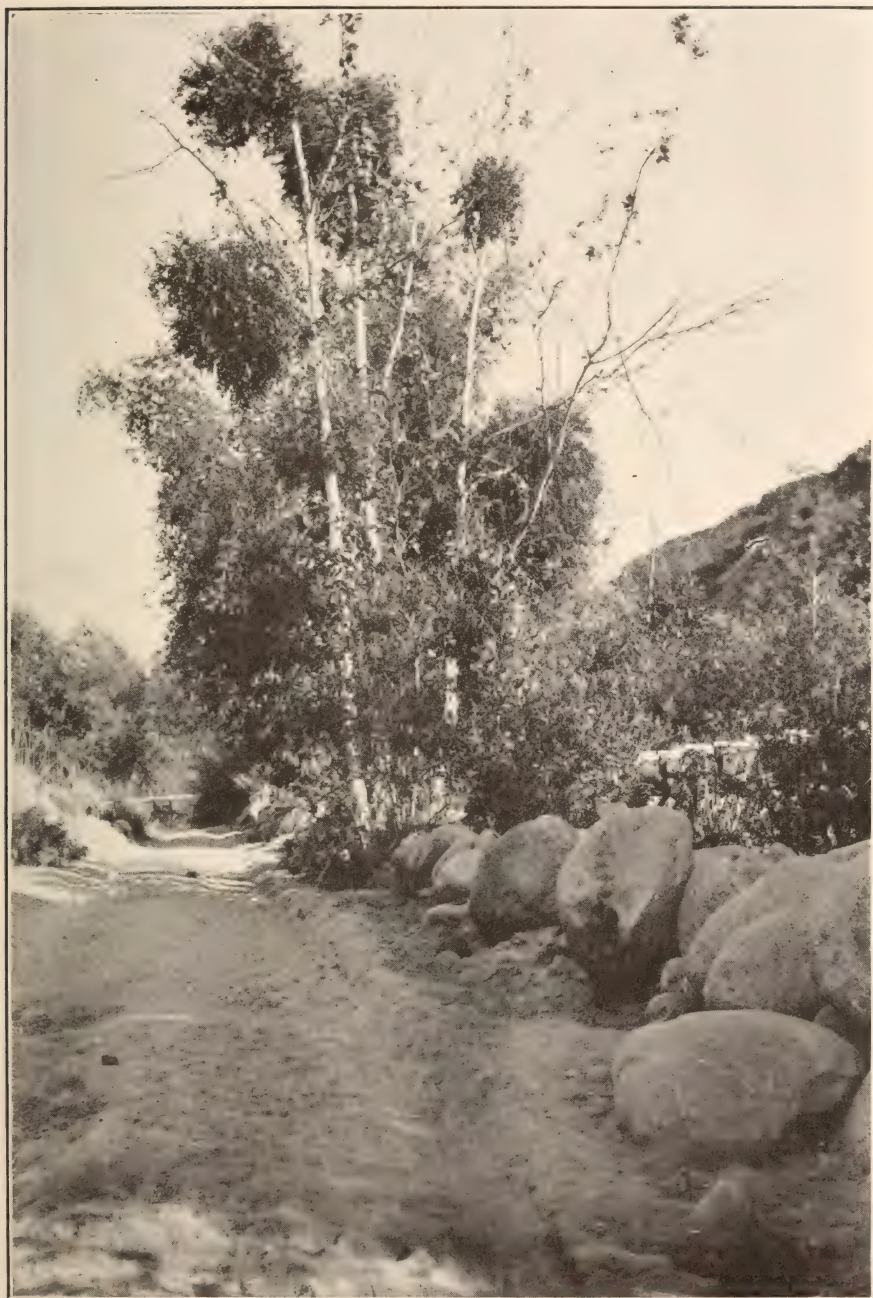
Photo by Helen Lukens Jones



MISTLETOE IN CEDAR (Near Idyllwild, Strawberry Valley.)

(Courtesy Out West Co.)

Photo by Helen Lukens Jones



MISTLETOE IN THE SYCAMORE ON IDYLLWILD STAGE ROAD.

(Courtesy Owl West Co.)

Photo by Helen Lukens Jones

stuck to the bark. During the process of germination the plant develops a regular attachment disc, from the center of which a sprout or sinker penetrates the bark to the wood, but does not pierce the latter. During the first year the complete energy of the plant is devoted to the formation of this one sinker, which may be called a sucker or modified rootlet. After pushing its way through the bark this sinker spreads out, and makes itself very much at home by feeding on the juices of the tree. The point attacked by the mistletoe usually becomes deformed because of this unnatural proceeding. The parasite not only absorbs the sap, but it appropriates much of the carbon dioxide in the air. As the wood of the tree expands, the mistletoe sinker becomes deeply imbedded, and its powers of absorbing vitality become greater. The sinker remains stationary. It does not grow. The wood grows over it. Plants long established have many sinkers, which spread up and down the trees like the teeth of a comb. The plant is provident and grows no foliage until the sinker is well ensconced in the new quarters, and has begun to absorb sap. Then the plant throws out leaves, growing enthusiastically or lazily, according to the sap-devouring propensities of its sinker. The plants flower in January or February, and the fruit attains perfection about ten months later.

The species of mistletoe that thrives on the California sycamore has many bifurcated branches, thick, leathery leaves, and grows in huge clusters or balls that hang pendant from the branches. Their incongruous luxuriance of foliage is most effective in midwinter, when the trees are otherwise devoid of life. It is indifferent as to its location on the tree, and clings contentedly to the topmost branches, where it coquettes with the sunbeams, or hangs close to earth, where it incites lovers to osculatory deeds.

The parasite that dominates the poplar, the willow and the cottonwood, is wide-leaved and similar in many ways to that which grows on the sycamore. They are all prolific growers, and raise havoc with the vitality of the trees on which they thrive. The oak mistletoe has slightly smaller leaves than the ones just mentioned, but is found in less abundance.

Most beautiful of all is the cedar mistletoe — especially during the winter months, when it is covered with delicately transparent pink berries. The foliage is spiked and fern-like, with hardly perceptible leaves, and hangs pendant from the branches, a mass of intertwining vines from two to three feet in length. It is a vigorous consumer of sap, and by ruining the organic combinations of the tree, the result is death and eventual decay for the helpless host. The cedar, with its rich, shaggy-red bark, its lacey foliage and imposing physique, is one of our most beautiful forest trees; and it is deplorable to find it groaning with the weight of mistletoe pests. About Strawberry Valley, in the San Jacinto Mountains, these cedars are numerous; and at one time there was a movement to harvest the mistletoe and save the trees. But when it was found that the mistletoe was immune to injury from knives and axes —

that even though it lost its head, its sinkers kept on stealing the forest's vitality, the idea was abandoned as hopeless. The cedar mistletoe is brittle, and far less sturdy than that which grows on the oak and sycamore. In tramping through the Idyllwild forest after a wind storm I have found the ground beneath the trees carpeted with the fragile masses that had been torn from their moorings by the wind. With the exception of the cedar and pine, other species of mistletoe are usually sturdy and defiant, and have no fear of storms.

The pine mistletoe is disheveled and sickly, a despondent, unkempt waif of the forest. In texture it is soft, herbaceous and not woody. It is found clinging in small tufts to tree trunks and larger branches. Its predatory habit is largely outwitted by the sturdy old pines, which send their sap upward through their trunks, and return it in a weakened condition through the bark. As the pine mistletoe cannot penetrate to the main trunk, as the other species do, it is deprived of the richer sap.

Pasadena, Cal.

Out West, March, 1904.

THE PINES.

BY BLANCHE TRASK.

Oh, that strange solemn line
Of the pines on the hill!
Where the wind at his will,
Where the wind at his will—

Be he tender and kind,
Or wild and o'erbold;
At one with the sun,
Or in league with the cold —

I climbed the long ridge
Which leads to the hill,
And I saw the great trees there
Bend to his will!

Tall, stately and grand —
I saw the tears shine,
As they drank his fresh breath
Like the rarest of wine.

The sun, a burn't ship,
Sank at last in the West;
And then for a moment
Each pine seemed at rest.

I ran down the wild ridge,
And I thought — can it be
That the heart of a woman
Bides in the pine tree?

Idyllwild, Strawberry Valley, November, 1903. *Out West, March, 1904.*

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DEPARTMENT OF TUBERCULOSIS.

BY F. M. POTTENGER, PH. M., M. D., LOS ANGELES.

THE MORBID ANATOMY AND HISTOLOGY OF PULMONARY TUBERCULOSIS IN RELATION TO ITS GENERAL PATHOLOGY AND CLINICAL MANIFESTATIONS.—In *American Medicine*, January 2, 1904, appears the lecture delivered by G. Simons Woodhead, M.A., M.D., before the Henry Phipps Institute. This lecture is one of unusual interest and unusual merit, and will help to create in the minds of the medical profession a greater degree of hope for the prevention and cure of tuberculosis.

He speaks of the difficulty of overcoming the pessimistic views regarding tuberculosis which were expressed by early pathologists, but shows in a clear manner, based on pathological evidence, that this hopelessness was unfounded. He ascribes to this pessimism more influence than to any other factor in interfering with the successful treatment of a disease that should be looked upon as among the most curable, "when taken early enough, treated under proper conditions, and for a sufficiently long period."

"If modern pathology had been responsible for nothing beyond the effect that its findings have had on our ideas concerning the course of a tuberculous process, especially in the lung, it would have more than justified its claim to be one of the most important of all the sciences ancillary to medicine." He also believes that the closer the pathology of the disease is studied, the more effective and greater will be the work in prevention.

The cure of the patient is one of the most pressing and important claims upon us; but back of this there are

questions which are more important, such as that of early diagnosis, if treatment is to be successful, and the prevention of the disease, if the community is to derive the greatest benefit, and these must be worked out in the clinic, in the post-mortem room, and in the laboratory.

Little was heard of the curability of tuberculosis until recent years; previous to this the observations of Rokitsansky and Virchow had held sway, in spite of the fact that apical thickenings and scar tissue, often accompanied by considerable loss of lung substance, had been found in bodies dying of other diseases.

The author says: "I soon became firmly convinced that in even those cases that succumbed to tuberculous disease, there was usually more or less marked evidence of a steady war waged by the tissues against invading tuberculous processes, and that in most cases the tissues failed in their endeavor to check the advancing process, simply because they were placed under disadvantageous conditions, not as the result of the action of the specific *materia morbi*, but as the result of interference with their nutrition."

The present day treatment of tuberculosis is founded on the belief that fresh air, good food, and excretion of waste products will enable these tissues to stand the attacks of the bacillus or to kill it, or at least to render it harmless, and finally to assist in its removal, as well as the dead and degenerated tissue in which it had found lodgment.

While recognizing the tubercle bacillus as the cause of tuberculosis, the author strongly believes that there must be some underlying cause which prepares

the soil for infection. In the human lung, this predisposing cause often appears as a catarrh, accompanied by a congestion of the vessels of the mucous membrane. He recognizes the usual three modes of infection, by way of the air passages, the lymphatic and blood stream.

The author makes the point that the area which is drained by a certain lymphatic gland, is more apt to become infected, in case this gland becomes tuberculous. While these three routes of infection are recognized, yet they are not distinct, and two or more are usually found operative in the same patient infected with this disease.

Regarding curability, the author says: "If, in the beginning, the patient be placed under favorable conditions of nutriment, and of rest, so that the waste products of the body may be carried away regularly and systematically, the reaction of the tissues is so complete that the dead patch is practically surrounded and cut off and the bacilli remain inactive in the dead mass, or they may even be killed. The degenerated tissue is absorbed very gradually, and there may be complete cure, especially when the initial lesion has not reached any very great size. The loss of respiratory surface is so slight that the patient may be considered to be practically normal again.

If, however, the patient be not placed under favorable conditions, or, if after a short period of treatment, he returns to his old life and habits, this focus of dead matter may ultimately break through the surrounding layer of limiting tissue and a further considerable patch of tuberculous consolidation may be the result."

This is what we see often in our clinical cases, and it is due to the fact that these patients do not give themselves sufficient time to get well, or that they do things which they should not do, thus lowering their vitality, and breaking

down the protective walls which nature has thrown about the diseased foci.

A patient who has once suffered from tuberculosis must remember that, although he may be partially protected, he does not enjoy any definite immunity against future attacks of the disease, and it is absurd for anyone to decry a system of treatment because it does not confer a life-long immunity to the disease against which it is directed; therefore it is necessary that patients, after taking a course of treatment, should continue the same mode of life, at least in a modified form, throughout the rest of their life. While it is safe, after a given time, for these patients to do a great deal of work, yet they should not forget that they have been tuberculous, and they must always take the best of care of themselves. The advantage of sanatorium treatment of such cases lies in the fact that the patients learn how to care for themselves after they become well, as well as in the greater opportunities of being cured of their disease.

DEATH OF GEHEIMRAT DOCTOR PETER DETTWEILER.—With the death of Dettweiler, which occurred on the 12th of January, the second of the great German pioneers in the treatment of tuberculosis passed away. Brehmer, who established the first sanatorium, (1859) for the treatment of tuberculosis, in Germany, and the second in the world (being preceded only by George Bodington, of Warwickshire, England, who opened an institution in 1839,) died on the 22nd of December, 1889. He was the pioneer in this work, and was often laughed at by his associates because of his optimistic ideas regarding the curability of tuberculosis. He, however, had one argument that they could not answer—the post-mortem room showed healed tuberculous foci in a great percentage of bodies.

Brehmer believed that tuberculosis

was associated with and caused by a small heart, and instituted hill climbing as a cure. This hill climbing was not what is usually meant by the term. Brehmer had walks carefully laid out with certain grades, and patients were allowed to walk only as far as he thought advisable, and up a grade which he considered particularly adapted to the case. By this means he hoped to increase the size and strengthen the heart. He had a strong personality and inspired his patients with great courage and hope.

While a young student, Dettweiler contracted tuberculosis. He, however, pushed his studies to completion and took up the work of an active practitioner, although his condition did not warrant it. He also served in the war 1864-70.

On two different occasions he was compelled to place himself in Brehmer's Sanatorium. Later he was made his

assistant, and became very enthusiastic over sanatorium treatment. He differed from Brehmer in several important matters of treatment, and finally left the institution; however, he never ceased to admire his former master.

One of the important matters in which he differed from Brehmer was that of exercise. He founded a sanatorium of his own at Falkenstein, and instituted the "rest cure," which is always associated with his name. Today the "Liege Halle" is a very important part of all sanatoria, and while all phthisio-therapists do not go to the extent that Dettweiler did in his enforcement of rest, yet it is a well-recognized principle of treatment. While he did not live to see the full fruits of his labors, yet he was more fortunate than Brehmer, for his last years witnessed the world-wide movement for the erection of sanatoria and the cure of tuberculosis.

DEPARTMENT OF PHYSICAL AND ELECTRO-THERAPEUTICS.

CONDUCTED BY ALBERT SOILAND, M. D.

RADIOGRAPHY.—At the December meeting of the American Roentgen Ray Society, held at Philadelphia, Dr. Chas. L. Leonard stated that renal and ureteral calculi could be diagnosed by the Roentgen rays almost to a certainty. He reports eighty-nine cases, in only nine of which error was made. In 60 per cent. of these cases the stone was found in the ureter. In only one of the eighty-nine cases was a calculus found which had failed to appear on the X-ray plate. He advises to make a radiogram of every suspected case of calculus, saying that the treatment of kidney lesions should not be undertaken until this had been done.

ACTINOTHERAPY.—In the Journal of the American Medical Association of February 27, Dr. L. E. Schmidt

of Chicago reports several cases of skin disease treated by blue light. The doctor makes use of a 5000-candle power arc lamp, backed by a reflector which throws the light on a blue glass screen, behind which patient is placed for treatment. Several cases are cited in detail which yielded to this blue light after prolonged X-ray treatment had failed. The statement is made in this article that the ultra-violet rays pass through this glass screen. It is true that the blue and violet visible spectral rays readily penetrate this substance, but it has been amply shown that the thinnest glass screen intercepts the ultra-violet radiations. It is apparent, therefore, that the therapeutic effect obtained by the author in his cases must have been due solely to the actinic action of the transmitted blue and violet rays, and not

to the more powerfully active and invisible ultra-violet.

RADIOTHERAPY.—Dr. J. A. Lee's article on X-ray therapy contains some good, hard sense, and the following in the *Journal A. M. A.*, is reproduced in full: "X-Ray Therapy: Lee thinks that all epitheliomas, no matter of what type, will show a large proportion of apparent cures, even epithelioma of the cervix, and that the X-ray method will be the elective one in such cases. In all operable cancers, surgery should be the treatment adopted. In small scirrhus, where surgery is for any reason contraindicated, he thinks the X-ray might be used with favorable expectations, but in large cancers, the more removed with the knife and the less left to be treated by the rays, the better will be the results. There is a large field for investigation in the post-operative treatment of cancers by this method. It is a question, he thinks, whether all cases should be submitted to the rays directly after operation and before the liver becomes studded with nodular growths. In recurrent cancer, suitable cases properly treated will not show as unsatisfactory results as he has been obliged to report in the case here given. He has always believed that there has been too much surgery in recurrences, surgery which has not even the doubtful advantage of prolonging life. Recurrences along the scar, either ulcerative or of the type known as 'en cuirasse,' are favorable for the X-ray. Hardened, pea-like glands in the supra-clavicular region will readily submit to it. Large masses are not so favorable, and the time to treat recurrence is when it is first recognized, and no time should be lost. When involvement of either the liver or lung is shown it is hardly worth while to attempt to use the X-rays, nor should rapid recurrence in tumor growths be treated. Exceedingly vascular tumors or rapidly progressive

cases with a short history are not suitable. It may be stated as an axiom in X-ray therapy: The more acute the disease, the more hopeless it is; the more chronic the condition, the greater is the possibility of cure. The X-rays, he holds, do not prevent or affect metastasis, and as a palliative measure should only be used for pain. For this they are better than morphine and have none of its disadvantages."

RADIUM.—So much is being chronicled in the daily press about the wonders of radium and the marvelous cures that are being performed, that it is no wonder the up-to-date charlatan has already entered this field. A certain individual of the "genus quack" has rented a large downtown room, which he has fitted up with a \$30,000 "radium machine," so-called; around the stage are numerous manikins, clay models, skeletons and anatomical chromos galore. The \$30,000 radium machine is composed of an old Edison induction coil, a Wehnelt interrupter, and a glass ozone generator. This outfit can easily be duplicated for \$150. The "professor" makes a strong talk about the wonderful, radio-active principles of his machine; then, as he turns the current on, a thin spark is seen to leap across the terminals of his generator, and he announces in dramatic tone, Behold the radium rays! The audience is duly spellbound. As P. T. Barnum said, the American public like to be humbugged, and they certainly get their fill at this place. The sad feature about this matter, however, is illustrated in the following instance. A young couple living in Arizona; the young man has pulmonary tuberculosis. He reads in a local newspaper the alluring advertisement of this unprincipled fakir. He sells his few belongings to get sufficient money to come to Los Angeles and pay the advertiser, who promises to cure

him. After a few days spent at the fakir's institute, he sees through the humbug, consults a legitimate physician and is advised to go back where he came from, a wiser, poorer and sicker man.

Possibly some happy day our State officials will enact and enforce laws which will effectually put a stop to these semi-scientific robbers.

613 Johnson Bldg.

DEPARTMENT OF EYE, EAR, NOSE AND THROAT.

CONDUCTED BY FRANK W. MILLER, M.D., LOS ANGELES.

A FORM OF RATIONAL TREATMENT FOR CORNEAL ULCERS.—Because of the frequency of corneal ulcers and their attendant array of melancholy sequelæ, that so often occur in spite of any form of treatment that may be instituted, each new contribution to their better understanding and intelligent treatment is worthy of our attention and deserving of our consideration.

The following somewhat lengthy review from the *Annals of Ophthalmology*, January, 1904, is of more than ordinary interest, in that it presents new ideas on corneal pathology and its correction by the employment of practically new therapeutical agents:

Phillips, W. L., Buffalo. (*New York Medical Journal* and *Philadelphia Medical Journal*, Oct. 3, 1903.) The writer discusses briefly the anatomy of the cornea as a basis for explanation of the theory of the treatment recommended. The latter is based upon the structural composition and pathological state of this organ. He states that when the cornea becomes ulcerated there is first an infiltration of a circumscribed area, and, second, suppuration, with consequent loss of tissue. This process irritates the nerve filaments in the cornea and causes the blood vessels to dilate, which brings more blood to the iris and conjunctiva, allowing the albumen of the blood to escape into the anterior chamber, making the excretion of aqueous more difficult, with an increased tension. This increased tension crowds the inner wall

of the cornea against the lymph-spaces, forcing them against the outer unyielding coats of the eyeball, nearly obliterating them, destroying nutrition, and robbing the cornea of its resistant power. The increased quantity of blood also causes the conjunctival blood vessels to spread to the cornea in order to supply the diseased area with nutrition. This vascularization of the cornea produces pressure on the lymph-spaces by decreasing the amount of space in this part. Nutrition suffers because these minute canals present a decrease in calibre, and destruction gradually advances until rupture ensues.

"To treat ulcers according to these pathological conditions, we must first aid nature to overcome the disease. To do this it is necessary to contract the arteries in the conjunctiva and iris; by so doing we check the escape of albumen into the anterior chamber and stop vascularization of the cornea. This will lower tension and restore the nutrition of the cornea by liberating the lymph-spaces, and it will also render the deeper structures less liable to infection. To accomplish this, I use suprarenal extract.

"Secondly, because it is nearly always, if not always, due to a germ, we must render the conjunctival sac antiseptic with some mild preventive, such as boric acid.

"Thirdly, we must build up the lymph corpuscles to a healthy condition, to bring about resolution, for one of the predisposing causes of ulcer is a lack of

resistance, that is, anemia, which may be local or general. For this, I use nuclein solution, 5 per cent. (the hypodermic solution being the less irritating.) The disease should also be treated constitutionally.

"Fourthly, we must treat the conditions which have a bearing upon this disease, for a great many times ulcers have their origin in other diseased parts, such as caries, adenoids, hypertrophies of the turbinates, etc."

THE PATHOLOGIC PUPIL; ITS SIGNIFICANCE.—The ease with which the pupil may be utilized as an aid to diagnosis, makes it of more value than is usually assigned to it. In several of the morbid systemic processes, the pupillary alterations constitute the chief symptomatic feature, and frequently upon their presence in a given case, the approach of derangements of the gravest character may be foretold.

It becomes the duty of every painstaking physician, therefore, to familiarize himself with the changes commonly met with, and to learn to correctly interpret their meaning when present.

Willis O. Nance in the *Medical Standard* for January, in writing on the above subject gives a brief review of the different pupillary changes. He says: "Alterations of the pupil to be observed are (1) mydriasis, which may be either paralytic or irritative; (2) myosis, paralytic or irritative; (3) inequality in the size of the pupils; (4) the Argyll-Robertson pupil, so-called; (5) the hemiopic pupil; (6) the paradoxical pupil."

At the close of his article he appends the following table, which is comprehensive and of special value for reference:

Tuberculosis, Pulmonary: Recurrent, unequal dilatation (Rampoldi's sign.) Observed early. Claimed by Destree to have been present in 97 per cent. of his cases.

Diphtheria: Dilation as a sequel (post-diphtheritic mydriasis.)

Diabetes: Mydriasis, either unilateral or bilateral. Changes not common.

Uremia: Evenly contracted.

Poisoning, Ptomain: Evenly dilated.

Hemorrhage, Gastro-intestinal: Evenly dilated.

Worms, Intestinal: Irritative mydriasis.

Anemia and Chlorosis, Spinal Irritation of: Irritative mydriasis.

Lead Poisoning: Evenly dilated.

Aneurism, Carotid: Unequal.

Narcosis, Ether or Chloroform: Evenly contracted. Dilation indicative of either consciousness of pain or impending asphyxia.

Shock, Nervous or Surgical: Dilation.

Amblyopia, Tobacco: Contraction.

Hypochondria: Dilation.

Hysteria: Rapid dilation and contraction. Paradoxical pupil at times.

Syncope: Even dilation.

Brain, Compression of, following injury: Dilated and irresponsive.

Brain, Congestion of: Contracted.

Tumors, Intracranial: Dilation late.

Epilepsy: Evenly contracted early; dilation later. Paralytic mydriasis during spasm.

Dementia, Senile: Contracted usually; sometimes unequal.

Paresis: Inequality early.

Mental Derangement: Alternating unilateral mydriasis, as a premonitory sign (Von Graefe.)

Mania, Acute: Irritative mydriasis.

Meningitis: Contraction early; dilation in stage of depression.

Meningitis, Spinal, of Cervical Portion: Irritative mydriasis.

Sclerosis, Disseminated: Paradoxical pupil.

Sclerosis, Post-spinal: Argyll-Robertson pupil.

Tabes: Argyll-Robertson pupil. Irritative mydriasis a premonitory sign.

Paralysis, General: Sluggish and unequal at first; Argyll-Robertson later.

ADENOID ANESTHESIA. — The administration of a general anesthetic for the removal of adenoids is now conceded, by all competent men, to be the proper thing to do, in all but a few very rare cases.

It is humane. It is practically without danger. It prevents mental and physical shock. It allows thorough work to be done.

The old, barbarous method of holding the struggling, frightened child and forcing the operation upon it, is fast being relegated to its proper place. The operation is a painful procedure. It is, in a spectacular way, one of the most horrible pictures in surgery. In the conscious child, the mental impression received creates a memory that makes future surgical work (without anesthesia) impossible. The surgical shock, following the operation, is often profound and may be alarming.

Dr. Hugh N. Leavell has an article in the *American Practitioner and News* of February 1, 1904, on the above subject.

Leavell has collected the opinions of both English and American authorities and finds almost without exception, that they recommend general anesthesia. The choice of the anesthetic varies and each man has his own particular ideas as to which one is the best. The large majority, however, give chloroform the preference. Leavell himself prefers it. He describes the proper stage to which the anesthetic should be pushed, and calls it "the adenoid stage." He says: "This is the stage of anesthesia beyond that at which excitement usually occurs and slightly under surgical anesthesia. This stage of anesthesia allows the child to cough, thus not abolishing the laryngeal reflexes, and not entirely abolishing the conjunctival reflexes."

In conclusion, he reports about two hundred cases operated upon without any untoward results.

RUNNING EAR.—Dr. A. C. Bardes, New York, in the *Medical Record* for March, 1904, writing under the above homely, but expressive, title, again brings before us a subject too often neglected and one that is classified as of secondary importance by a great many of the profession. The paper is exhaustive, but presents very little that is new regarding this common lesion. He says, in part: "In former years a running ear was regarded far too lightly; its serious nature was not generally recognized, and many sufferers were allowed to die from a resulting brain abscess, meningitis, or septicemia, simply because the real source of these conditions was not known. Even today, in the course of acute fevers, such as typhoid fever or scarlet fever, many deaths can be traced to an unrecognized and untreated chronic abscess in the middle ear.

"A discharging ear is so commonly met with that most people regard it simply as an inconvenience, rather than as an actual disease that may destroy one of their most useful faculties and may even menace their life.

"It is an old and mistaken idea that a running ear is a natural outlet and conducive to health, and that to stop it would be dangerous. This superstition is firmly fixed in the minds of a great many people, and is responsible for the many serious consequences that so often follow from allowing a running ear to go untreated.

"While it is true that numerous persons with a discharging ear are not greatly inconvenienced and live to attain old age, it is probable that these people owe their immunity from annoyance to an excellent constitution, which has enabled them to enjoy good health, notwithstanding the discharge. At best, a running ear is an affliction that compromises a person's comfort at all times. It may at any time burst into renewed activity and become troublesome and even dangerous."

SOUTHERN CALIFORNIA PRACTITIONER'S NURSE DIRECTORY.

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ANKARSTRAND, MR. AND MRS.	Swedish Movements and Massage; Graduates from Stockholm, Sweden.	Potomac Bldg. 217 S. Broadway Rooms 118-119	Home 6941
BURTON, MISS EVA G.	Graduate Nurse.	201 W. 27th.	White 981
BOYER, MISS SARA	Graduate Nurse California Hospital.	1006 W. 8th.	Jefferson 6391
CAMERON, MISS KATHERINE..	Graduate Grace Hospital, Detroit.	395 Grand Ave., Pasadena.	Black 471
CASE, MISS L. E.....	Childrens Hospital San Fran.	542 Westlake Ave.	Jefferson 6303
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KENDALL, MISS MAUDE.....	Graduate California Hosp.	1507 S. Grand Ave	Blue 5184
KERNAGHAN, MISS	Graduate California Hosp.	1708 S. Grand Ave.	White 2801 Home 2265
LAWSON, MISS	Graduate Nurse.	112½ E. 10th.	Pico 2091
LEGGETT, MRS. F. M.	Graduate New Haven Training School.	436 S. Hill.	Main 1383
MILLER, MISS FLORENCE.....	Graduate California Hosp.	1145 S Olive St.	West 307
McNEA, MISS E.....	Graduate Nurse	744 S. Hope St.	Red 4856
McCLINTOCK, MISS CLARICE..	Graduate California Hosp.	1232 W. 9th St.	Black 511
OLSEN, MISS JOHANNA.....	Graduate Nurse	1207 W. 8th St.	Telephone 4685
POTSCHERNICK, MISS.....	Graduate California Hosp.	Soldiers' Home, L. A. County.	
READ, BEATRICE..	Graduate Fabiola Hospital, Oakland.	28 Temple.	Red 46
SAX, MISS.	Graduate California Hosp.	1708 Grand Ave.	White 2801 Home 2265
SERGEANT, MISS.....	Graduate California Hosp.	2808 S. Hope.	White 576
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TOLLAN, MISS H.....	Graduate California Hosp.	411 W. Second St.	Home 4735
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SOUTHERN CALIFORNIA PRACTITIONER

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Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

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EDITORIAL.

THE PASO ROBLES MEETING.

As we go to press there is every prospect of a large attendance at the meeting of the State Society. It convenes on Tuesday the 19th and continues through Wednesday and Thursday. Quite a number of the Southern California men and their families will leave Los Angeles on Monday morning. Besides the scientific value of the meeting, it will be a delightful trip, and there will be an enjoyable social atmosphere. Dr. John K. McLennan of Paso Robles is the chairman of the local committee of arrangements. He is preparing a regular Mexican barbecue for the benefit of the visitors, and there will be other novel features.

At the last regular meeting of the Council of the Los Angeles County Medical Society the following delegates to the State Society, with their alternates, were elected:

For One Year.—Delegates: Dr. R. T. Bullard, Dr. R. W. Miller, Dr. W. LeMoyné Wills, Dr. F. C. E. Mattison, Dr. Frank Garcelon. Alternates: Dr. J. E. Cowles, Dr. C. L. Magee, Dr. F. O. Yost, Dr. H. H. Sherck, Dr. C. G. Toland.

For Two Years.—Delegates: Dr. B. F. Church, Dr. J. H. Davisson, Dr. G. MacGowan, Dr. F. M. Pottenger, Dr. W. M. Lewis, Dr. Geo. E. Abbott. Alternates: Dr. Andrew Stewart Loringier, Dr. W. W. Hitchcock, Dr. J. R. Colburn, Dr. L. M. Powers, Dr. E. S. Pillsbury, Dr. J. M. Radebaugh.

EDITORIAL NOTES.

Dr. W. F. Bell, of Phoenix, has recently located in Douglas, Arizona.

Dr. W. R. Lindley of Terrell, Texas, has located in Roswell, New Mexico.

Dr. D. Cave is building a new home in Santa Monica.

Dr. W. S. Smith has located at Ocotave, Arizona.

Dr. C. H. King of Redlands has located in Colton.

Dr. S. F. Smith of Bakersfield has been taking a rest at Santa Ana.

Dr. A. E. Bessette has located in Albuquerque, New Mexico.

Dr. Ernest L. Reyber was recently fined \$10 in a Los Angeles court for not reporting a case of diphtheria.

Dr. D. B. Van Slyck of Pasadena has been very ill of pneumonia, but he is again in first-class shape.

Dr. C. C. Valle, Health Officer of San Diego county, is suing the Board of Supervisors for his salary.

Dr. W. L. Newlin of Santa Barbara has been visiting his old home at Whittier.

Dr. E. F. Burton of Tucson, Arizona, has been spending a few days in Los Angeles.

Dr. E. J. Elder, city physician of Albuquerque, has been spending a week in Maxwell City.

Dr. W. F. Freeman of The Needles has been called professionally for a few days to San Bernardino.

Dr. W. L. Brown, of 1013 East Adams street, Los Angeles, is doing hospital work in the East.

Rev. Frederick Warren Oakes, who is the founder and head of the Denver Home for Consumptives, has been visiting in Southern California.

Dr. George H. Bridge, formerly of New York City, has located at Bisbee and is on the medical staff of the Copper Queen.

Dr. George W. Tape, of Hot Lake, Oregon, is talking of buying the Arrowhead Springs near San Bernardino and making a great resort of it.

Dr. J. W. Kinsinger of Roswell, New

Mexico, has returned from New Orleans, where he has been taking a post-graduate course.

The city of Fullerton is adopting an ordinance establishing a Board of Health and providing for the appointment of the members thereof.

Dr. Nettie E. Hammond, who has been spending a year abroad in hospital work, has returned, and resumed practice in Los Angeles.

Drs. Rowell and Mills have purchased a large lot at the corner of Ninth and Mayfield avenue, in San Bernardino, upon which they propose to erect a fifty-room private hospital.

Dr. E. L. Jones, formerly of Albuquerque, has been appointed to take charge of the reservation practice of the Laguna Indians. His address is Laguna, New Mexico.

Mr. and Mrs. J. C. Waterbury recently fitted up a private hospital in San Luis Obispo. A number of prominent physicians of that city are back of the enterprise.

"I think the Southern California Practitioner holds its standing in being abreast of the times, and gives its readers good mental pabulum," is the written message of a prominent Redlands physician.

Dr. Stanley P. Black, Professor of Histology and Pathology in the Medical College of the University of Southern California, has been very ill at his residence in Pasadena, but is now convalescing.

The meeting of the American Academy of Medicine will be held at the Shelburne, Atlantic City, beginning on Saturday, June 4th, and continuing through Monday the 6th. A very interesting program has been provided.

The Redlands Medical Society held its regular meeting Wednesday afternoon, March 18th. The subject of the

paper of the meeting was "Treatment and Prevention of Smallpox," by Dr. J. M. Wheat.

Dr. Charles W. DeMotte of Pasadena, who is now totally blind as a result of services in the Civil War, is the beneficiary in a bill introduced and passed by Congress giving him a pension of \$30 a month.

Dr. Charles H. Murray died at Menstone, San Bernardino county, on March 9th. He was about forty years of age and was a graduate of Dublin University. He had only been in Southern California a few weeks.

The Southern California Practitioner has been informed of a good opening for a physician in Southern California. Any person addressing this office and enclosing stamp will be put in communication with the right party.

By sending his address and 10 cents for postage to the Dios Chemical Company, 2940 Locust street, St. Louis, Mo., any physician will receive free a Perpetual Visiting and Pocket Reference Book of 124 pages bound in morocco.

Dr. Hal Wyman of Detroit recently visited the clinic of Frederick A. Dunsmoor, Professor of Surgery in the University of Minnesota. He says that this Minneapolis Clinic is held at 8 o'clock every morning, and speaks in the highest terms of Dr. Dunsmoor's work.

Dr. John E. Bacon of Tombstone, Arizona, was recently in Los Angeles, investigating hospitals. He has formed a co-partnership with Dr. H. H. Koons, and they will together build a private surgical hospital at Tombstone. They are both graduates of the University of Pennsylvania, and both able men.

On March 12th, while Dr. J. E. Janes was crossing one of the principal streets of Pasadena, a bicyclist ran him down and his head struck the concrete pavement, rendering him for a time unconscious. We are happy to know that he

has thoroughly recovered from the painful accident.

The new County Hospital in San Diego has been completed and is now occupied. It is a three-story brick and stone building, 170 feet by 145 feet in depth. It is heated by steam, and contains twelve bath-rooms and a perfect system of ventilation. Dr. D. Goche-naur is the County Physician.

Dr. Wm. W. Mayo, father of the distinguished surgeons, the Mayo brothers, of Rochester, Minnesota, is making quite a visit in Los Angeles, as the guest of Dr. F. A. Sanborn on Sunset boulevard. Dr. Mayo himself is a noted physician, and he must look with great pride upon the record made by his distinguished sons.

The physicians of Chaves county, New Mexico, recently organized a County Medical Society at Roswell, with the following officers: President, Dr. W. T. Joyner; Vice-President, Dr. John W. Kinsinger; Secretary, Dr. Wm. W. Phillips; Treasurer, Dr. Mathew Flournoy; Censors, Drs. C. M. Mayes, Charles F. Beeson and F. C. Blackwelder.

Herbert Spencer was very determined in his opposition to the adoption of the metric system, and in a lengthy codicil to his will, dated June 19th, 1903, he provided that in the event of a bill being introduced into Parliament for the compulsory adoption of the metric system, money from his estate should be taken to distribute gratuitously his pamphlet opposing its adoption.

We call attention to the advertisement of the Conservative Rubber Production Company. Dr. O. V. Sessions, general agent and one of the principal stockholders, was formerly one of the most prominent physicians of Ventura county, but on account of his health he gave up his professional work, and is devoting himself exclusively to this Mexican enterprise.

In going to Paso Robles, trains leave Los Angeles at 8 a.m. and 1:30 p.m., reaching Paso Robles at 4:40 p.m. and 12:03 a.m. Those desiring to leave Los Angeles at 1:10 p.m., Monday the 18th, by communicating with the Southern California Practitioner at once will have berths reserved and their train will be side tracked at Paso Robles, and they can remain in the berths until breakfast time in the morning.

The plant of the *Maryland Medical Journal*, together with the February issue of that important periodical, was destroyed in the Baltimore fire. This issue was devoted almost entirely to an account of the Tuberculosis Exposition, and was a most important addition to our literature on that subject. That is all being reprinted in Philadelphia, and we are glad to say that the February number will be out in a short time.

Messrs. E. B. Treat & Co., the publishers of the *International Medical Magazine* and of *Archives of Pediatrics* have concluded to merge the two journals. Dr. Boardman Reed of Philadelphia, who has had charge of the *International Medical Magazine*, has made a most excellent journal of it, and we regret that we will no longer have the monthly visit of the *International*.

Dr. Hal C. Wyman, in an article in the *Physician and Surgeon*, in speaking of the Mayo Clinic and Hospital at Rochester, Minnesota, says: "A series of different-colored cards indicates to the nurses what foods the patient is to have. A white card hanging over the record sheet means that a light liquid diet is prescribed by the physician; a blue card indicates milk and toast and soft boiled eggs; while a red card denotes that the patient is to have the regular line of vegetable and solid foods."

The Los Angeles *Medical Journal*, which was recently started, did not appear during the month of March, but appeared the first of April as the March

and April issue combined. Dr. Ernest E. Pillsbury has retired from the editorship and is succeeded by Dr. Charles B. Nichols. Dr. Nichols was formerly a surgeon in the volunteer service of the United States Army at Manila, and has now been in Los Angeles almost two years. The various departments are well represented by Drs. C. W. Bryson, Fred C. Shurtleff and others. The publication makes a very creditable appearance.

The Foothill Medical Society had a most delightful session at Pomona on March 29th. There was a large attendance. The following officers were elected for the ensuing year: Dr. C. C. Browning of Highland as President, and Dr. Hoell Tyler of Redlands as Secretary and Treasurer. Dr. M. L. Moore, Dr. F. C. Shurtleff and others of Los Angeles were present, and Dr. George E. Abbott of Pasadena, besides a number of the most prominent physicians from Riverside, Redlands, Highland and Ontario. The banquet was a delightful affair.

In going to the State meeting at Paso Robles, probably the pleasantest way would be to take the train that leaves Los Angeles at 8 o'clock in the morning and arrives at Paso Robles at 4:40 that afternoon. There could be no more beautiful and picturesque trip than this. A dining car is connected with the train, and every facility for an enjoyable day. It is also possible to leave Los Angeles at 1:10 in the afternoon and arrive at Paso Robles at midnight. A large number of Southern California people will leave Los Angeles on the 8 a.m. train on Monday. This will give three full days at Paso Robles.

The first regular physician to practice medicine in Ventura was Dr. M. A. R. de Poli, a young Castilian, who arrived at the Ventura Mission in 1848. He practiced there for eight years, when his career ended by his horse falling

upon him. In his short life in Ventura he was everything to the town. Not only was he consulted in cases of sickness, but no enterprise concerning the community was undertaken or carried out unless he was called into consultation. He was the confidant of everybody, whether in sickness, business, political, social or domestic affairs. He was handsome, highly educated and universally beloved.

Dr. M. Desmarais of Santa Rosa, New Mexico, vice-president of the New Mexico Board of Health, and formerly physician to the penitentiary of Santa Fe, on March 8th attempted suicide by cutting his throat with a knife while in a condition of temporary insanity. Under careful attention he is rapidly improving. Dr. Desmarais is division physician for the Rock Island Railway.

It is a delight to see that Dr. Leonard Wood has been confirmed by the Senate as Major-General in the United States Army. The hue and cry that was made that because he had been a physician he should not be made a general has been of no avail; in fact, his confirmation was almost unanimous. The great cry that no man should be transferred and promoted out of the regular order is a most reprehensive theory. Wood was a leader at Harvard and also in his medical college. He won the medal of honor from Congress, being recommended by General Lawton for his

capture of Geronimo, and the intrepid courage that he has ever displayed during his fifteen years in the army amounts to more than red tape, and we are glad that the fact that a man has been a physician shall not debar him from a due recognition of his services and abilities.

Dr. A. Stanley Dolan, formerly assistant physician to the State Insane Hospital at Highland, San Bernardino county, was found dead in his bed at Riverside on March 22nd. As Dr. Dolan had met with many trials and misfortunes recently, the first impression was that he might have committed suicide, but on investigation the Coroner's jury reported that he died of heart failure. Dr. Dolan had been connected with insane asylums for many years and had become somewhat subject to melancholia himself.

OBITUARY.

Dr. McFadden Gaston died at Atlanta, Ga., last month of acute indigestion, aged seventy-nine years. He was prominent during the Civil War as a medical officer in the Confederate service. After the war, from 1865 to 1883, he made his home in Brazil, attaining distinction in his profession there. Since 1883 he had been at the head of the department of surgery in the Southern Medical College.

BOOK REVIEWS.

A MANUAL OF CLINICAL DIAGNOSIS BY MEANS OF MICROSCOPICAL AND CHEMICAL METHODS, for Students, Hospital Physicians and Practitioners; by Charles E. Simon, M.D. Fifth edition. Thoroughly revised and enlarged. Illustrated with 150 engravings and 22 plates in colors. Lea Brothers & Co., Philadelphia and New York, 1904.

The fact that this book has reached

the fifth edition in eight years is sufficient evidence of its value and popularity.

It is an accurate and indispensable guide, and should be found in every up-to-date laboratory. It brings to the clinician, in a tangible form, many aids in diagnosis, which clear up doubtful and difficult cases. The young practi-

tioner, especially, cannot do better than to thoroughly familiarize himself with this work, for it will give him that security which comes through thoroughness, and will enable him to either corroborate or disprove his diagnosis, based upon clinical history and physical examination. A thorough acquaintance with this work will give a confidence in diagnosis that cannot be attained otherwise. This last revision brings the work up to date.

Blood examinations have been studied most carefully in recent times and much of value has been learned. This subject has received more attention in this new edition than any other, and occupies 197 pages of the book. All other subjects, however, are thoroughly brought up to date.

The book is in good form; the typographical work excellent; illustrations clear and of great value in illuminating the text.

It is a book with a mission, and, as evidenced by its popularity, it is fulfilling it.

F. M. P.

PAIN AND ITS INDICATIONS. BY EDWARD C. HILL, M.D., Professor of Chemistry and Toxicology, Denver and Gross Medical College. Cloth, gilt top, \$1.00. G. P. Engelhard & Co., publishers, Chicago.

This book may be justly called an encyclopedia of pain. The author has endeavored to classify the various forms of pain, give their origin and treatment.

It represents a stupendous amount of work; is certainly original in its conception, and may be useful as a work of reference, although it seems questionable whether it fills a long-felt want.

F. M. P.

THE INTERNATIONAL MEDICAL ANNUAL: A Year Book of Treatment and Practitioner's Index. Contributors: Bertram L. Abrahams, B.S.C., M.B., M.R.C.P.; Herbert W. Allingham, F.R.C.S.; Jas. Cantlie, M.A., M.B., F.R.C.S.; Prof. A. H. Carter, M.D., F.R.C.P.; Frank J. Charteris, M.B., Ch.B.; E. Hurry Fen-

wick, F.R.C.S.; A. E. Giles, B.S.C., M.D., F.R.C.S.; Edward W. Goodall, M.D.; Wilfred Jas. Hadley, M.D., F.R.C.S.; Robt. Hutchison, M.D., M.R.C.P.; Theo. N. Kelynack, M.D., M.R.C.P.; Harry Lambertlack, M.D., F.R.C.S.; Priestley Leech, M.D., F.R.C.S.; James Kerr Love, M.D.; John MacIntyre, M.B., C. M.; Keith Monsarrat, F.R.C.S.; Wm. Murrell, M.D., F.R.C.P.; Jos. Priestley, B.A., M.D., D.P.H.; R. J. Probyn-Williams, M.D.; Walther E. Rathe, M.D.; Boardman Reed, M.D.; Prof. A. W. Mayo Robson, F.R.C.S.; Prof. Robt. Saundby, M.D., F.R.C.P., LL.D.; James Shaw, M.D.; Purves Stewart, M.A., M.D.; Geo. Fred. Still, M.A., M.D., F.R.C.P.; Prof. Ralph Stockman, M.D., F.R.C.P.E.; A. Hugh Thompson, M.A., M.D.; Wm. Thorburn, F.R.C.S., B.S.C.; Joseph G. Turner, F.R.C.S., L.D.S.; J. W. Thomson Walker, F.R.C.S.; Norman Walker, M.D. 1904. Twenty-second year. E. B. Treat & Company, 241-243 West 23rd street, New York. Price \$3.

We believe this is the only annual published in one volume, and it is wonderful how the editors can make such a complete resume of the year's work in one book of a little less than 800 pages. As the first of the year comes, we look forward for its annual visitation, and it is a real source of comfort to know that we have it again on our shelves for reference. It is a volume that stands out alone, and it occupies the field most satisfactorily. This is the twenty-second year of publication, and well it deserves its continued popularity.

We have received from the author, Dr. Granville MacGowan, Professor of Diseases of the Skin and Genito-Urinary Organs in the Medical College of the University of Southern California, a reprint from the *New York Medical Journal*, of the oration in surgery delivered before the Medical Association of the State of California at Santa Barbara, April 21st, 1903. The title of the address is, "The Surgery of the Prostate from the Standpoint of Personal Experience." This is a very thoughtful and exhaustive paper, and closes with a sum-

mary of sixty-five cases upon which the author has recently operated.

PROGRESSIVE MEDICINE, VOL. 1, March, 1904. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 337 pages, 7 illustrations. Per annum, in four cloth-bound volumes, \$9.00; in paper binding, \$6.00, carriage paid to any address. Lea Brothers & Co., Publishers, Philadelphia and New York.

This Quarterly Digest comes to us now at \$6.00 per year in paper and \$9.00 per year in cloth. The scope of the present volume includes extensive essays on such important and progressive subjects as cerebral pressure, heart surgery, the treatment of tic douloureux, exophthalmic goitre, the transmission of diseases by insects, the theories as to the etiology of rheumatism, tetanus, paratyphoid, modern views on the nature of hay fever, etc., in which the latest work of foreign and domestic observers is fully discussed.

VON BERGMANN'S SURGERY. A SYSTEM OF PRACTICAL SURGERY. By Drs. E. von Bergmann, of Berlin, P. von Bruns, of Tübingen and J. von Mikulicz, of Breslau. Edited by William T. Bull, M.D., Professor of Surgery in the College of Physicians and Surgeons (Columbia University,) New York. To be complete in five Imperial octavo volumes, containing over 4000 pages, 1600 engravings and 110 full-page plates in colors and monochrome. Sold by subscription only. Per volume, cloth, \$6.00; leather, \$7.00; half morocco, \$8.50, net. Volume I just

ready; 936 pages, 351 engravings, 15 plates.

This work, which has already been translated from the original German into Spanish and Italian, and the first edition of which was in such demand that the earlier volumes went out of print before the later ones could pass through the press, is now being translated and edited by Dr. Wm. T. Bull, the noted New York surgeon. In this American edition the number of illustrations has been greatly increased over that of the original edition. Dr. Bull says: "This work is really encyclopædic in character. Many of its chapters exceed in scope those of the text-book, or even special treatises. All have been written by men of acknowledged authority and large clinical experience. While it is chiefly clinical in character, there are abundant pathological data, details of original research and statistical facts, which render it the most important surgical work of the day. The editor feels justified in expressing the conviction that these volumes will be found of inestimable value to the student and the scientific surgeon, and at the same time a trustworthy guide to the best and most recent methods of practice."

From the appearance of this first volume, which is devoted to the Surgery of the Head, we can safely affirm that the work will make a very complete treatise on surgery when the five volumes have been completed. The section on plastic operations on the face is especially full and well illustrated; in fact, take the work throughout, and it will immediately command an important place in the practitioners' library.



CHARLOTTE BLAKE BROWN, M.D.

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MEDICAL LEGISLATION.*

BY HON. W. E. FOLEY, ESQ., LOS ANGELES, ATTORNEY FOR THE CALIFORNIA STATE
BOARD OF HEALTH.

It is a political, as well as sociological, postulate, that the health of the individuals of a community is a primary condition of its greatness. The little State of Sparta taught Greece the lesson that the regimen of health might offset the power of population and of territorial area. Despots have learned that lesson, and properly fed and cared for their soldiers. The Romans, during the period of the republic, at least, had an adequate idea of one of the principal functions of the state that the object of its political energies was *Salus publica*—the public health. In a democracy, whether direct or representative, the people are reluctant to initiate adequate laws for the preservation of health, because chafing their sense of freedom. The false and too prevalent notion that restriction and authority are inimical to liberty becomes the shibboleth of the demagogue. True liberty consists in the exact observance of correlative duties as well as in the ability

to enforce correlative rights. The co-ordination of rights and duties in the modern State requires that these reciprocal conditions of society should be maintained by appropriate laws with an equivalence of authority. In the evolution of society these conditions increase with the advancement of knowledge. The public welfare, considered from a sociological, as well as etymological, standpoint, is based upon the sound and healthy condition of the individuals of the State. The necessity for restrictive conditions in aid of the public health must be conceded by all right-thinking legislators.

The political history of this State exhibits a dearth of medical legislation and a want of attention to vital conditions. Crimes against persons and property and against morals have been carefully and variously defined and proper penalties ordained; but, through some sad oversight, legislators have parsimoniously

*Read at the second annual meeting of the State, County and Municipal Conference of California, Paso Robles, April 18th, 1904.

and indifferently provided for the public health.

With few exceptions medical and sanitary legislation is, for all practical purposes, in the same condition which the framers of the codes of this State left this most important branch of legislation over thirty years ago. While medical science has made wonderful strides in the diagnosis, treatment and prevention of disease, and while a few cities have endeavored to keep in touch with modern medical requirements by appropriate health ordinances and regulations, yet the general statutes of the State have not been amended to meet modern sanitary necessities. State legislation has been stationary, and the legal remedies have been left to the counties, cities and towns of the State. Upon the local subdivisions of the State, with their limited powers, has been devolved the duty of alone caring for the public health. In consequence, heterogeneous systems of local regulations, at times conflicting, have grown among us which hamper the common good. That under such incongruous systems of ordinances the general public health should have suffered, and that epidemics of disease should, at times, have run their course unchecked, are not a matter of surprise; on the contrary it is surprising that the diseases should not have been more epidemic. Credit is therefore due to the ability of the members of the medical profession and to the several county, city and town health officers that the contagious and infectious diseases have been so well checked and their limits confined during the years in which, through want of appropriate legislation, State assistance has been denied.

The want of harmony in health regulations among the various local subdivisions of the State, and the inability of certain localities to provide proper quarantine, emphasize the necessity of legislation for proper State supervision, in sanitary as well as other State matters.

Diversity in sanitary work, in order to be effective, must be unified in its general direction, and that unity can only be effective through proper State supervision, within constitutional limits, and adequate financial assistance.

It is not generally known in what a chaotic condition are the State laws concerning the public health. Where power and duty ought, and are supposed to be, reposed, there is oftentimes not even a semblance. Duties are devolved upon the State Board of Health without the power or means to perform them. Powers are to be inferred or denied from obscure and inconsistent statutory provisions, by mere legal interpretation or construction.

Where certainty and directness are to be expected, we meet doubt and vagueness. Conflicting statutes exist where there are no means of receiving judicial interpretation. Superseded and non-enforceable laws are neighbors to, and sometimes involved with, live and essential provisions. The laws concerning county and local health matters, outside of chartered cities, are in a most uncertain and unsatisfactory condition. Legislative anomalies everywhere greet the investigator. This alarming condition of our laws respecting this most important public subject well illustrates the old adage, that what is everybody's business is nobody's business. I shall give but a few illustrations of this incongruous legislative mess.

In the old Constitution there was no provision for a State Board of Health. Nevertheless, the want was felt; inasmuch as such a board was created by an act approved March 18, 1870, entitled, "An Act to Establish a State Board of Health." By the provisions of this act the powers and duties of the board were limited, and made of an advisory character. Its secretary's salary was, as now, the very meager and insufficient sum of \$2500 annually, and the expenses of the board, including that salary, were

limited to \$4000 a year. In 1872 the Legislature, in adopting the Political Code, adopted almost verbatim the provisions of this act, which had been previously incorporated by the Code Commissioners. The provisions were the same as at present concerning the formation, powers and duties of the State Board of Health and its secretary, now appearing in Article I, Chapter II, title VII, of the Political Code, excepting section 2979a added in 1901.

The State Board so created remained for years a mere figurehead, the active duties and powers respecting the public health being confided to the counties, cities and towns of the State. The policy thus adopted continued until 1883, when in that year the Legislature, forced by the prevalence of smallpox and other contagious diseases, passed a law entitled, "An act to prevent the introduction of contagious or infectious diseases into the State of California," under the provisions of which the State Board of Health was empowered and authorized to inspect all railroad cars coming into the State, and quarantine passengers and materials, and an appropriation of \$500 was allowed for the purpose. This was the first real power conferred upon the State Board of Health, thereby making it an active, although insufficient agency of the State.

The next increment of power, which arose by implication, was in 1887, when the Legislature, again awakened to the exigencies of the State, passed an act appropriating ten thousand dollars to be expended by the State Board of Health, under the direction of the Governor, "for the prevention of the introduction of any contagious and infectious diseases into the State."

This statute, with increased appropriations to meet each exigency, has been re-enacted in the following years, to-wit: 1893, 1901 and 1903.

In 1901, during the alarm and discussion concerning the reported existence

of bubonic plague, section 2979a was added to the Political Code, which section, so far as its language goes, apparently gave much power to the State board in dealing with contagious and infectious diseases. Among other matters, by the terms of this new section, each local Board of Health and every coroner or other public officer, was required to report at once to the State Board of Health, cases of Asiatic cholera, bubonic plague, or any other contagious or infectious disease known to occur, within their respective local jurisdiction, and the State Board of Health was empowered to take possession and control of the body of such diseased person and take such means as may be deemed expedient to prevent and arrest the spread of such disease. As this was an emergency law, intended to empower the State Board of Health to investigate and prevent the spread of bubonic plague, and as the section is somewhat obscurely worded, questions of police jurisdiction between State and chartered cities may arise in the future, requiring judicial construction, if this law be stringently enforced in opposition to prior valid city ordinances.

The reasonable construction, however, to be placed upon this section is that its provisions are not to be construed as intended to oust chartered cities from their due exercise of rights under the police power, possessed and conferred by the State Constitution, but merely as an auxiliary State law, which should be dominant and exclusive only when the local subdivisions of the State should be unwilling or unable to cope with contagious or infectious diseases threatening to extend outside its corporate limits, or so overwhelming within its limits as to become a menace to public health.

A few other statutes have been passed from time to time, which might be considered as increasing the duties, but certainly not the powers, of the State Board of Health. Among these may be men-

tioned the act of February 20, 1889, for the vaccination of children and persons attending the common schools, the provisions of which are very rarely complied with by the several boards of trustees and directors of the districts upon whom the duty of enforcing the act devolves. I may mention, also, the act of March 19, 1889, entitled, "An act to regulate quarantine and the admission of horses, cattle, sheep and swine, into the State of California, from infected districts," the provisions of which law, for most of its purposes, have been superseded by the act of 1889, creating a State Veterinary.

It will be observed from this short review of legislation that the State Board of Health is still inadequate for the purposes intended by the new Constitution, which declares, in Section 13, Article XX: "The Legislature shall provide by law for the maintenance and efficiency of a State Board of Health."

Upon the important subject of vital statistics the laws are not only insufficient, but at times the duties are neglected by the local officers and persons upon whom those duties are imposed. I shall give an instance which occurred within the term of the present members of the State Board of Health.

County Recorders are required by the provisions of Chapter III, Article V, Title VII, to register separately, all marriages, births and deaths reported to them, and are also directed to transmit every three months to the Secretary of the State Board of Health a certified abstract of these registers. By section 3081 of the same chapter, in certain counties where fees are provided as compensation, the Recorder is allowed for services 10 cents for each name reported, which sum is payable out of the general fund of the county, while in other counties, where salaries are provided, the Recorder is not allowed compensation for duties performed under

this chapter. It would appear clear from these provisions that the duty of the County Recorder respecting the registration and reporting of births and deaths must either be a charge against the county or deemed compensated by the salary received. However, in a subsequent section of the Political Code, namely, in subdivision 12 of section 4235, where, enumerating some of the duties of the Recorder, it is provided that the Recorder "*must, upon the payment of his fees for the same, record separately in large and well-bound books, in a fair hand,*" among many other acts, "births and deaths."

This provision was copied verbatim into the County Government Act, and appears both in the Political Code and in the County Government Act. It chanced that one of the County Recorders of the State was dependent upon fees for compensation, and, being, therefore, a strict constructionist, refused to receive and register reports of births and deaths from physicians without the prepayment by the physicians of his fees. In this very literal construction of the single section of the County Government Act, he was upheld by the District Attorney of his county, and the matter being referred to me, I was obliged, after an analysis, to reach an opposite opinion, yet at the same time I could not but confess that there existed an inconsistency between the sections governing vital statistics and those pertaining to the duty of Recorders.

The provisions of subdivision 20 of section 25 of the County Government Act, authorizing the Board of Supervisors of counties to appoint a health officer and prescribing his powers and duties, require amendment. The salary is not at all commensurate with the important duties which such officer assumes, being limited to a maximum of \$600 a year.

But criticism need not be directed to

any special law, for the reason that the whole body of State law concerning the public health needs revision and amendment to meet the demands of medical science. Useless and superseded provisions occupy space in our codes which should be devoted to new and necessary State health regulations. The State Board of Health should be made, as the people intended it, an active and efficient arm for the exercise of the State's police power in the interests of public health. The task of proposing and passing appropriate, consistent and practical laws, is not a light one. What is needed may be stated in these general terms:

First—Repeal of useless and antiquated laws.

Second—Amendment of existing laws in conformity with modern medical and sanitary experience.

Third—Codification or revision of all general useful statutes relating to public health.

Among many particular subjects concerning which medical men are better able to suggest and propose, I mention the following subjects requiring immediate legislation.

1. Powers and duties of the State Board of Health.

2. Vital statistics.

3. Powers and duties of county health officers.

4. Adulteration of medicines, foods and drinks.

5. Pollution of public sources of water and ice supply.

6. Pollution of the atmosphere from smoke and other exhalations.

7. Vaccination in schools and medical inspection of school children, and sanitary regulation of school buildings.

8. Laws for the prevention of contagion from tuberculosis.

9. Medical inspection of slaughter-houses.

10. Sanitary regulation of dairies and of live stock.

11. Regulating interment, cremation and the removal and transportation of the dead.

12. Sanitary regulation and inspection of public institutions.

13. Regulations for county, city and town quarantine.

14. General State quarantine.

Respecting many of these subjects here enumerated, general powers may be granted to the State Board of Health permitting the State Board to itself inspect and provide for appropriate regulations.

In this labor which the able and industrious gentlemen of the State Board of Health have already begun, they welcome at this, and will at future conferences, all suggestions and aid from the members of the medical profession throughout the State.

I have been informed that this movement for better and necessary medical legislation has the warm approval of the Governor of this State, who himself is a distinguished member of the medical profession. To succeed, the active and influential help of all health officers and physicians is needed, not only to have a complete, uniform and practical system of State health laws, but to impress the importance of the matter upon the people and the legislators.

The health of the State is first, and from it arise its splendor and power. We must, therefore, provide laws fitted for our government as a people and available for our share in the great struggle for existence, in which we take but a minor part—the war of disease against health—between blind force and intelligent direction—which struggle, coeval with all life and co-extensive with the universe, demands the constant guidance of our best thought and the persistence of our best energies.

THE LOCALIZATION OF THE PLACENTAL SITE.*

BY EDMOND M. LAZARD, M. D., LOS ANGELES, INSTRUCTOR IN OBSTETRICS, MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

In our examination of patients who engage us to conduct their confinements, it should be our aim to get as complete knowledge of their obstetrical condition as possible, for we know not what emergency may arise which will make such information, though seemingly of only theoretical interest, of the greatest practical importance.

The diagnosis of the site of the placenta is one which, I venture to say, is rarely, if ever, attempted by even those who make a specialty of this branch of medicine. The reason of this neglect is very apparent, for I have been unable to find even a reference to the subject in the various American and English text-books and journals to which I have access. My attention was first called to the possibility of making this diagnosis during my service as externe in the Dresden Frauenklinik, under Prof. Leopold, in 1901. It is his method of examination to which I would invite your attention. The literature of this subject is very barren, and there were few contributors before the first one from the Dresden Frauenklinik, which appeared in 1887. Prof. Gusserow had read a paper before the Berlin Gesellschaft für Geburtshilfe, in which he gave statistics from 188 cases as to the site of the placenta. These records were made, however, from post-mortem reports, and it was only an endeavor to determine if there were a site of predilection for the placenta, and there was no attempt at ante-partal diagnosis. This diagnosis had been attempted by several English authorities. They tried to localize the placenta by careful auscultation and palpation. They were for the most part unsuccessful, until finally

Phillip, before making the uterine cut in a Caesarean section, attempted to localize the placenta by palpation and auscultation. As his results were negative, he decided that the placenta must be on the posterior wall, but on incising the uterus he cut directly into the anteriorly situated placenta. This caused him to say "this experience militated against the possibility of diagnosing the position of the placenta through the abdominal wall." Duncan had a similar experience. In his case, the anterior uterine wall, after its delivery through the abdominal incision, did not present any anterior bulging, nor was it of a darker color than the rest of the uterine tissue, as Spencer taught would be the case if the placenta were situated on the anterior wall, yet the placenta was found to be situated anteriorly.

Prof. Leopold, after noting the peculiar relation of the courses of the tubes to the placental site in some twenty cases of Caesarean section, formulated the following rule: If the tubes converge upwards on the anterior uterine wall to the fundus, the site of the placenta is the posterior uterine wall; if, however, the tubes assume an approximately parallel course along the sides of the uterus, the placenta is situated anteriorly. This diagnosis is part of the routine in the Dresden Frauenklinik and is noted in every obstetrical history. The courses of the tubes are marked out in the following manner: First, the round ligaments are palpated with the palmar surfaces of the index, middle and ring fingers, and are followed up to their insertions in the uterus. In this way the tubal insertions are located, and the courses of the tubes followed to their

*Read before the Los Angeles County Medical Association, March 18, 1904.

extremities, this being marked on the abdominal wall with a blue pencil. The tubes and ligaments are more readily felt by exciting a slight uterine contraction during the latter months of pregnancy, and are also more readily felt during a pain in labor. The left tube is more easily palpated, as a rule, because the dextro-version of the pregnant uterus throws the right tube farther back in the right side. So that, in order to palpate the right tube, it is usually necessary to feel more posteriorly. By pressing the uterus toward the median line, causing it to assume a more nearly upright position, both tubes can be brought out with equal distinctiveness.

In considering the cause of this peculiar relation of the courses of the tubes to the placental site, the following facts in connection with the placental development offer an explanation. If the placenta develops on the posterior uterine wall, there is a posterior bulging and broadening of that wall. This is done at the expense of the anterior uterine wall, which is thereby narrowed at the fundus; thus the insertions of the tubes are thrown more anteriorly and nearer together, the tubes themselves taking a course downward and backward. In other words, in following the tubes from their outer extremities to their uterine insertions, there would be an anterior convergence. If the placenta develops on the anterior wall, the bulging and broadening take place anteriorly, thus throwing the insertions of the tubes more posteriorly, and farther apart. This causes the tubes to assume approximately parallel courses.

In a series of some fifty-eight cases from the years 1882-1893, where the diagnosis was made and there was a chance to verify it at Caesarean section, in only two cases were the results incorrect, and in these cases a complicating condition was present. In both instances there was a posterior parietal presenta-

tion, and the tubes took a convergent course along the anterior surface of the uterus to the fundus. According to the rule, the placenta was diagnosed as being on the posterior wall. But on section it was found anteriorly. So in this condition of posterior parietal presentation was found the one exception to the rule as formulated. In the existing anatomical conditions, an explanation of this exception was found. In the posterior parietal presentation by the deflection of the head, the lower portion of the anterior uterine wall is bulged forward, thus shortening the length of the anterior wall. By this shortening, the fundus is pulled downward and forward, causing the tubal insertions to be pulled forward and toward the median line; this process in great measure overcoming their separation by reason of the anterior situation of the placenta. This gives the tubes an appreciable anterior convergence, though not so much as is the case when the presentation is normal and the placenta situated posteriorly. This condition only arises, of course, during the last month of pregnancy in primiparae and after the onset of labor in multiparae, as it is only then that the head assumes the post-parietal position. When such a condition does exist, the diagnosis can only be made, in cases of Caesarean section, by a correction of the deflection of the head and then noting the courses of the tubes; in other cases by considering the degree of convergence together with other signs now to be considered.

When the placenta is situated anteriorly, there may be a bulging sufficiently great to be recognized through the abdominal walls as a large doughy mass. The presence of the placenta in this position would also in a certain degree interfere with the palpation of the foetal parts; so that when these conditions prevail they would confirm the diagnosis of the anterior location of the placenta,

made by the parallel courses of the tubes. Their absence, however, would not contraindicate the presence of the placenta anteriorly, as was demonstrated in the cases of the English operators, above referred to. So that we may say that these signs have a certain positive value as corroborative evidence, but as a negative quantity they do not permit any conclusions to be drawn.

This diagnosis of the site of the placenta is, as a rule, of no great practical importance, but at times such information is of great aid in carrying out certain obstetrical procedures. I need only refer to the induction of premature labor by the introduction of a bougie. Without such knowledge, the bougie might tear through the placenta and cause a hemorrhage severe enough to necessitate a cessation of the procedure and packing of the vagina. Thus, the aim of the operation, where it is done to insure the delivery of a living child before term, would be defeated by the death of the foetus. In Caesarean section it is desirable to know whether the placenta is situated anteriorly and to avoid cutting into it, if possible. While the experienced abdominal surgeon will not be greatly disturbed by unexpectedly cutting into the placenta, and the consequent hemorrhage, yet to the one not so experienced this accident would certainly be annoying, and is to be avoided where possible. In performing a manual extraction of the placenta, such knowledge, while not absolutely necessary, would add to the assurance of the operator about to undertake this very dangerous obstetrical procedure.

By making a routine practice of placental localization the suspicion of the presence of that dangerous condition, placenta praevia, may be aroused, before hemorrhage, and the palpable presence of placental tissue at the dilating as make the diagnosis positive.

In incomplete placenta praevia, where

the greater portion of the placenta is on the anterior wall of the lower uterine segment, the palpation of the presenting part through the abdominal wall would be obscured by the interposition of the large mass of the placenta. This obscuring would be greater in cases of head presentation where there are definite bony landmarks than in breech presentations, where the abdominal palpation of the presenting part is indefinite at best. In placenta praevia, the presentation is always high, the head not engaging in the pelvis until after labor has begun. On internal examination, the lower uterine segment is found to be softer than normal, and in complete p. p. there may be bulging of the lower uterine segment into the vault of the vagina and the cervix be obliterated in the latter months of pregnancy. This obliteration of the cervix before term is due to the placental development at the site of the internal os, and is the cause of premature onset of labor in these cases. On examination with a speculum, the tissues of the cervix and the vault of the vagina may be found to be of a darker blue than in normal pregnancy. The presentation is high and the palpation of the presenting part is obscured and may be impossible, where the p. p. is complete. The engagement of the oncoming part is late and may not occur until the membranes rupture in incomplete p. p., and where the os is entirely curved with placental tissue, engagement may have to be brought about by tearing through the placental tissues and performing a podalic version. These signs may be observed before the occurrence of hemorrhage signalizes the onset of labor. Hemorrhage coincident with beginning labor is indicative of placenta praevia only when combined with a non-entrance of the presenting part. As soon as the entrance of the pelvis is filled by the engagement of the oncoming part of the foetus, hemorrhage from a

p. praevia will be effectually stopped by the tamponing of the placental site.

As to what effect the presence of placenta praevia may have on the courses of the tubes, I cannot say positively, as I have never seen such a case operated and can find no record where the courses of the tubes in cases of p. p. was noted. But as the relations above described are due to the part the fundus takes in placental development, it would seem that the occurrence of the placenta in the

lower uterine segment would not affect the insertions of the tubes. So that in this case, the tubes would probably assume an approximately parallel course along the sides of the uterus. This would not permit any conclusion to be drawn from the courses of the tubes, as the presence of placenta praevia and the diagnosis would have to be made from the other signs and symptoms already referred to.

LUNG AND INTESTINAL TROUBLES IN YOUNG CHILDREN.*

BY KATE WILDE, M. D., LOS ANGELES.

The physician is hourly confronted as to the provision to make for the care of young children suffering with early lung and intestinal troubles, prior to the onset of broncho-pneumonia.

He is thrust into the above position, unavoidably, at all times and under all conditions.

In the mind, there arises the necessity of a children's hospital—some place where attention could be given to detail. The little people must naturally thrive, and do thrive, in an atmosphere where they are not considered of less importance than the adult. Again, not frightened by the sight of strange adults and still stranger sounds. All the above accepted, but the Children's Hospital may not be accessible, the accommodations sufficient or the parents themselves willing to part with the offspring, or a nursing child unable to be separated from the mother.

The children suffering with beginning lung and intestinal trouble, which, later, develop into cases of broncho-pneumonia, for lack of proper care would keep the Children's Hospitals more than

overflowing. Yes, at the outset, one is absolutely unable to say which way the pendulum may swing.

Quite sure if the child were in a Children's Hospital all would go well, and the outside inadequate care leave the outcome most uncertain.

Care varying, as it does, from that of a hospital or trained nurse, to the ordinary home care, and this, again, reduced to the care of outsiders, friends who can only help a little, to offers of assistance from the neighbors, at intervals. Hence the great mortality.

The necessity for management early is apparent, for the child must live, and, to be successful along the line of pediatrics, one is obliged to learn to devise ways and means, with the conditions that are present, which will insure the safety of the patient.

A dose of medicine and a few orders left with instructions to telephone, at once, should the child "grow worse," will not solve the problem. The child is, already, in a bad enough condition, usually, when help has been applied for, and there should be no waiting for a re-

*Read before the Los Angeles County Medical Association, April 1, 1904.

port of a "worse one," if it can possibly be prevented.

And to treat a child, with either of the conditions above mentioned, without a "chart" doubled up in one's pocket with data affixed, but roughly, perhaps, is simply smooth sailing and hoping for results. It is not knowing conditions and applying remedies prior to desperate need. Too late, when the frail craft has foundered. Never allow your patient to reach the strychnia point, when, a few hours prior, nourishment would have given the desired result.

Again, in the general make-up of a case, it is well to note which of the conditions present may, in the long run, be most liable to cause the greater trouble, and thus, by careful and constant inspection, learn to avoid what you would otherwise have to meet.

Important to remember that a simple history of diarrhoea at the outset may deteriorate the force or strength. Child, then, less resistant, takes cold; "settles on lungs," so said, and the onset of a typical broncho-pneumonia as the outcome, with both anaemia and intestinal disturbance as complications. Never see a case of diarrhoea or minor intestinal disturbance that you omit to look for the cough. Prepare for it ahead. Massage the little chest with warm olive oil and stimulate the circulation and the resistance. Keep the temperature of the room even.

Again, in a bronchitis, the secretions from the lungs are all swallowed, unless the child be watched closely. The mouth to be cleansed by removing the mucous from the throat with the finger, or the child may be turned in any position that will allow drainage through the mouth.

It is imperative to be on the constant watch for the secretions from the lungs that will, otherwise, be swallowed and intestinal disturbance set up. Resistance lowered and the possible outcome of it all broncho-pneumonia.

Intestinal irrigations of normal salt solution are as absolute a necessity in the above cases as is the initial dose of calomel. Cannot do without the irrigation and be safe. May be given high or low, according to case and judgment. They cleanse and they stimulate, thereby increasing the resistance of the infant, and, also, relieve intestinal distension, with its fatal effect of upward pressure upon the lung.

It is well to note, also, that a child fears choking and coughing, and for these reasons may prefer to starve rather than eat, if not circumvented. The nutrition must be kept up. The amount of food actually taken to be written down always. Otherwise one can tell nothing. "Has not eaten anything, etc.," may cause unnecessary alarm or a change made in the character of the food. Again, there may be a report of having taken food and learn later, when child too weak to rally, that it had been but a few drachms.

Night nursing is essential. Otherwise there may be a report that the child died suddenly through the night when there was no need. Someone exhausted or not watchful ever on the qui vive to prevent the accident.

Have the family divide up the care with relays of relatives, rather than allow one person, who is in full charge, to fall into the exhausted stage.

The child may be held through the night, at intervals. A Mexican mother will frequently save her child by constantly holding it to her, the child getting warmth from her body and gentle massage at the same time for the lungs.

The mother notes from the mere contact of the child when there is cough (slight, perhaps, yet sufficient to strangle, if child lying on its back, weak and alone) changes the position, naturally, and effects instant drainage.

Night time, regulated by care of at-

tendant and sleep for the patient, will oftentimes turn the scale in the favor of the child, instead of being the time fraught with so much danger. The early morning hours robbed of their terror.

Never waken a child, however, unless there be a condition present that requires stimulation. Sleep is nature's remedy, but whenever the child awakens of its own accord, seize the opportunity instantly to change the position—apply warmth or cold, as the case may be, and feed. Children quite frequently dying from lack of nourishment through the long night.

In the case of a nursing child be on guard as to the effect that the anxiety, associated with the constant attention on the child, has had on the mother's milk. The condition has come under my observation from time to time. In one case, the mother had not been out of the two rooms for seven to ten days, and had eaten but little. In reply to my question as to how long she had been housed, she answered: "I feel quite sure my husband would think me heartless if I left it for one moment."

The child lay across the mother's knee and was being fed on a very small quantity of the purest of breast milk. This was supplemented, at intervals, by artificial foods. Something a healthy babe would object to most strenuously. The only hope lay in a good supply of breast milk, upon which fact I laid stress. The neighbors kindly took charge; the mother sent out of doors at regular intervals, and the babe got well.

Also note in breast-fed babies if the nasal passage be obstructed, and if so see that they are regularly cleansed or treated, as the case may require. Otherwise, there may be an inability to nurse,

from the above reason, and not from excessive weakness or other causes, as was supposed. In older children it deserves attention, as breathing through the mouth adds to the irritability of the lungs.

Never permit the bottle-fed babe, weakened with any lung involvement, to lie in its crib with the nursing bottle propped up on the pillow to be within its reach. Strangling at such a time is exhausting, and may be the cause of an aspiration pneumonia.

The bottle to be held.

The difficulty of ascertaining the exact physiological condition of the lungs to be taken into consideration. The amount of involvement does not always show, nor can one always know or judge of the kind of resistance of the child in question.

Among the resident Mexican children be keenly alive as to the outcome, when the early symptoms of rachitis are present, as evidenced by the prominent abdomen, associated with more or less separation of the recti muscles, as the case may be.

Always think of a beginning cold as a possible bronchitis—bronchitis as a possible broncho-pneumonia—and treat every case of intestinal disturbance with as much care as a beginning typhoid, and you will avoid shoals.

The pediatricist, in a given case, may be obliged to go "on duty" as much and on exactly the same plan as does the obstetrician.

The obstetrician does not wait until the nurse calls "full labor," but attends the case early and continuously.

Nothing is truer for pediatrics.

Suite 524, Douglas Building.

SOME IMPRESSIONS OF EUROPEAN ACCESSORY—SINUS AND EAR WORK.*

BY DR. ERNEST W. FLEMING, LOS ANGELES.

Halle, Germany, is located one hundred miles southeast of Berlin. It has a population of about one hundred and sixty thousand. Is the seat of a university, a royal hospital and clinic, and is the home of the famous ear specialist, Prof. Schwartze. I need not inform you that Prof. Schwartze was one of the first to enter the field of advanced operative ear work, and that many of the aural surgeons who are today in the front rank were in their early careers the pupils of Schwartze.

These days Prof. Schwartze is not doing much active clinical work. The work of his clinic, however, is well sustained in the person of Prof. Grunert, who has been associated with Prof. Schwartze as his first assistant for a long time.

The student who seeks ear work in the Schwartze clinic will have to do with Prof. Grunert. His class of personal instruction numbers one man, occasionally two, and continues for one month. During this time he keeps you constantly at his side, working in the anatomical laboratory in the early morning, followed by technique in the examination and treatment of two patients in the clinic and hospital wards, and later assisting at general anesthetic cases in the operating room. The student devotes his time to anatomical work in the afternoons.

The professor is a big, energetic fellow, having many of the characteristics of the typical German professor. He is quick to think and act and demands the same of his students. When the student does not come promptly to time he appears not only to be disgusted, but also deeply hurt as he walks rapidly

about the room, throwing his arms wildly about his head, and in all respects gives the impression that his discovery of neglect in your early training has convulsed him with pain and sorrow. This sort of a circus does not tend to steady the hand of a timid student who is trying to bougie a strictured eustachian tube.

In the Schwartze clinic all cases of persistent and profuse aural discharge come to operation. The total mastoid otherwise known as the radical Schwartze-Stacke being the operation of election.

The simple Stacke operation, in which the antrum is opened from the auditory canal, is selected. (1.) When the lateral sinus is displaced very far forward. (2.) When the antrum is very deep and small (as in some sclerosed mastoids,) and difficult to find within reasonable limits. (3.) When the disease is limited to the attic and ossicles, without history of mastoid infection, and where the probe shows that the caries is limited in extent, an ossiculectomy, together with thorough curettement of the middle ear, is often done as a tentative measure. A general anesthetic is given for this operation, which, when done properly, is by no means an easy one. Hemorrhage is controlled by gauze strips. Adrenalin is not used.

Professor Grunert considers the chisel the best instrument for the removal of bone in mastoid operations, and declares that those who advocate other methods do not know how to use the chisel.

He is a very radical operator. Having had years of extensive clinical experience, he has acquired the skill and touch of a Michael Angelo in the use of

*Read before the Los Angeles County Medical Society, December 4, 1903.

the chisel, and works in the region of the Aqueductus Fallopii, jugular bulb and cranial contents with the composure and daring of a Spanish bull fighter. It is not uncommon for him to remove the entire bony covering of the facial nerve, and exposure of the posterior semicircular canal is of frequent occurrence.

In mastoiditis, associated with acute suppurative otitis media, the antrum is first exposed by a typical opening of the mastoid process after Schwartze, followed, as a rule, by the removal of the entire mastoid process, including the tip.

The total or radical mastoid operation, having for its object the converting of the mastoid cavity, middle ear and external auditory canal into one common cavity, is generally begun in the typical manner advocated by Schwartze. Another method of performing the radical operation consists in at once chiseling away the roof and the posterior wall of the auditory canal as if to enlarge the canal backward. In this way the antrum is reached at about the middle of the bony wall of the canal. Stacke's method, in which the antrum is opened from the auditory canal, is sometimes followed.

In doing the total operation, Grunert is always particular to expose the cellular structure of which the root of the zygoma is formed. In doing his operation, Grunert insists that all parts of the resulting common cavity must be clearly in view and easily accessible from without.

In order to attain this condition he does not hesitate to level the lower portion of the posterior wall, and so-called facial spur to the very limit. If the floor of the auditory canal obstructs, he promptly removes it in order to expose the "cellar" of the tympanum.

Plastic operations on the auditory canal are made from the posterior mem-

braneous wall after the methods of Panse and Korner.

Primary suture is seldom followed and skin-grafting has been unsuccessful in this clinic. Excessive growth of granulations and adhesions are prevented by cauterization with nitrate of silver and tamponade.

The general management of the operative patients before and after operation in this clinic is in marked contrast to what we observe in, for instance, the New York eye and ear infirmary. In the latter institution, great stress is laid upon a thorough preparation of the field of operation, and surgical asepsis is closely adhered to throughout the treatment of the case.

McKernon's practice, for example, of cleansing the operative field, before dressing, with a hot saline solution, followed by alcohol, and the separate gauze packing of exposed areas of dura in order to preserve them more safely from the possibility of infection, together with his practice of rendering the first dressing painless by inserting a sterile perforated piece of rubber tissue into the bone cavity before applying the gauze dressings, are niceties in the way of detail that I did not observe in any foreign ear clinic I visited.

In Halle, it is a common practice for the patient to get upon the operating table without having had any previous preparation, the washing and shaving process being carried out in a very deliberate manner after the patient is in narcosis.

In two cases in which the total mastoid was done for the cure of chronic suppurative disease, the dura being exposed in both instances, the patients had all their clothes on, including heavy boots, and three hours afterwards marched from the clinic to their homes.

Notwithstanding the apparent indifference as to the length of narcosis, comfort of the patient, and what seemed to

me to be septic methods during the operation and after treatment, Grunert's per cent. of cures compares favorably with that of other operators.

In his operations, he is very complete, lays everything wide open, removing all diseased bone from the middle ear, and the adjacent pneumatic spaces, consequently secondary operations are rarely necessary, and the danger of intracranial complications reduced to a minimum.

It is not within the scope of these brief notes to attempt more than an outline of a few general impressions. Details in regard to diagnostic methods and therapeutic agents may rest until some future time.

As germane to the subject of diagnosis, I would, however, like to call your attention to a sign of chronic serous exudative middle ear catarrh, on which Professor Grunert lays much stress, and one I have never seen mentioned in the text-books, viz., a circumscribed injection of blood vessels along the inferior periphery of the drum-head, that is, a state of stasis of these vessels due to the downward pressure of the exudation. It sometimes requires a magnifying glass of moderate power to clearly see this little localized network of congested vessels, but, when seen, it is a pretty sure indication that you have to deal with a chronic exudative catarrh.

In cases of chronic suppuration of the middle ear, a differential diagnosis between cases with bone and those without bone involvement, is made by washing out the middle ear with sterile warm water through eustachian tube. The sediment being examined microscopically for bone dust, cholesterin and cholesteotoma cells.

Flushing the middle ear by way of the tube, with normal salt solution, is a routine method of cleansing in chronic suppurative cases.

Dr. Luc, of Paris, was one of the most able and charming gentlemen it was my good fortune to meet. Located near the Latin Quartier, he has a model private hospital and clinic, and it is here he works out his various original methods for the radical treatment of chronic suppuration of the accessory cavities of the nose.

Dr. Luc considers it inadvisable to adopt the radical operation in any case of chronic abscess of the antrum of Highmore, without having previously attempted to cure it by washings of the diseased cavity, after a puncture has been made in the inferior meatus of the nose.

Luc's radical operation for chronic suppuration has for its object the converting of the maxillary sinus unto a sort of lateral prolongation of the corresponding nasal fossa, by resection of the wall between the two. In doing this, he emphasizes the fact that the antro-nasal communication must be a large and permanent one, whereas, the antro-buccal one is only to last just as long as it is necessary for the cleansing and curetting of the sinusal cavity.

I was fortunate in seeing Dr. Luc demonstrate the use of his flat forceps for the destruction of the ethmoidal cells and the rapid cure of nasal polypi. The blades of his forceps, of which he has four models, are large enough to seize much at a time and flat enough to be easily thrust into the deepest and narrowest recesses of the middle meatus. One or the other of these is to be used according to the spaciousness of the nasal cavity and to the dimension of the piece of tissue to be extracted.

If the nasal fossa is filled with abundant and pedunculated mixomas, the first task is to remove the greatest number of them by means of the cold-wire snare, until the middle turbinal becomes apparent. The middle turbinal is then attacked with the largest possible

type of flat forceps, whose blades are kept, during its introduction, sufficiently open to enable them to pass along each side of the turbinal and to be pushed as far as the insertion of the latter. The blades of the forceps are now strongly pressed against one another, squeezing bone, mucosa and mixoms, then tearing them off with a rapid twisting movement. After the middle turbinal has been removed, any mixomatous mass, any brittle bone trabeculae met by the forceps are to be seized till the instrument finds no other resistance than that of the bony walls limiting the nasal cavity.

In his radical surgical treatment of frontal and antral empyema this method of intra-nasal curetting of the ethmoidal cells is applied as a preliminary step.

In cases of uncomplicated sphenoidal sinus disease, he opens the sinus with his forceps by way of the nose. If there is a complicating antral empyema, he considers, as does Jensen of Berlin, that the maxillary route, after a large re-section of anterior and internal walls, is the most direct and the simplest to reach the sphenoidal cavity.

Dr. Jensen of Berlin is a mild-mannered, dignified little man. In operating for accessory sinus disease, his work is exceedingly bold and radical. His route to the posterior ethmoidal cells and sphenoidal sinus, is almost invariably by the maxillary antrum.

In opening for chronic maxillary sinus disease, he first removes with the chisel the anterior wall of the sinus, and then as much of the nasal wall as possible, leaving the nasal membrane intact as a flap, the corners of which he sutures to the superior margin of the sinus in the region of the first molar. In the cases in which I saw him operate, he opened the sphenoidal sinus to ascertain if it contained pus. This was done by means of a long chisel, the previous removal of the middle turbinate

from within the cavity of the antrum and the breaking down of a few cells giving a very clear channel in which to work.

This daring operator makes use of the burr drill very extensively in smoothing bony walls, in mastoid work, and also in smoothing partitions and exploring the angles of the accessory sinuses. His results show little pus, but extensive deformity.

The Berlin Anatomical Institute affords every facility for doing anatomical work, and if you are interested in the anatomy of the head, the ever genial and able Dr. Kopsch will give you a mile-a-minute-run-for-your-money.

Professor Adam Politzer, the "Grand Old Man" of the otological world, is still actively at work in his Vienna clinic, but in two years will have reached the age limit, when he will be retired from active hospital service.

His clinic is, as it has always been, a very large one, and very popular with the American physicians. Radical mastoid operations are done by the gross; the operating technique being essentially the same as that followed in the German clinics. When the dura or sinus has not been exposed, it is the custom to close the posterior wound with small metallic clamps rather than with sutures. The clamps are quickly applied, approximate the skin edged accurately and are easily removed.

Skin grafting in radical mastoid cases is carried out in the following manner: Grafts of about one-half inch square are removed from the biceps portion of the patient's arm, by means of a knife having a wide, flat surface. During the cutting of the skin the knife is kept wet with normal salt solution.

The graft is transferred from surface of knife to the bulbous end of a small glass tube, the bulb end of the tube being perforated with several small holes; a rubber tube connected with a small

air bag is attached to the other end of the tube. The graft resting on the perforated bulbous end of the tube is then placed in contact with the denuded surface and liberated from the tube by an air blast from the rubber bag. The graft is held in place by several small pieces of plain gauze.

The treatment of a case of acute suppurative otitis media, with bi-daily normal salt solution flushing of the middle ear by way of the eustachian tube, was of especial interest. The irrigations were commenced immediately after incision of the drum-head, and was followed in this case, which, by the way, was the first case in which this method had been followed in this clinic, by complete recovery in ten days.

Hard rubber eustachian catheters are used to the exclusion of all other kinds in this clinic, whereas, in Halle and other German clinics, metal catheters are used.

Urbantschitsch uses celluloid eustachian bougies. Lacquered silk bougies are preferred in Politzer's clinic, the celluloid bougies being regarded as un-

safe, in that the material is too unyielding, becomes brittle with age and offers a possibility of the breaking of the bougie in situ.

In Chiari's clinic, accessory sinus cases are persistently treated for a length of time by irrigations through the natural openings, while in Hajek's clinic such cases are usually promptly subjected to the radical operation.

In work concerning the ear and accessory sinuses, I return impressed with the value of the radical mastoid operation as a means of curing chronic suppurative disease of the middle ear. Also with the importance of careful investigation and treatment of accessory cavities in all cases of purulent nasal discharge, and, finally, as the result of anatomical studies and observation of the work of master hands in the fields of otology and rhinology, I am impressed that the saying, "To cure well, you must see well," has a special application in the surgical treatment of chronic suppurative diseases of the cavities of the head.

214 Bradbury Building.

THE INSPECTION OF PUBLIC WOMEN AS CARRIED OUT IN PARIS.*

BY FREDERICK GRIFFITH, M. D., NEW YORK, SURGEON, FELLOW OF THE ACADEMY.

France, which means Paris, sets the fashion in things venereal as in dress. It is probably true that a man visiting Paris will be more likely to seek and fall in temptation of irregular sexual diversions than in any other place. The freedom of speech and action tolerant to the French character, added to the cultivated desire to please, having in view the question of personal gain, is responsible for this, and makes the French woman, when she essays the

role, queen of courtesans. It is impossible to tell of the exact number of women that here depend partly or solely upon sexual intercourse as a means of livelihood. The statement that 15,000 females are actively engaged in sexual occupations may be accepted, and as each woman cohabits with from three to ten men in an evening, it is plain that the prostitute of Paris is by no means an idle individual.

As a natural sequence of such promis-

*Presented at the Academy, Obstetrics and Gynecology Section, January 28, 1904, and by invitation before the Physicians' Club of Newark, N. J.

acious venery, disease results, and the French capital may be set down as a distributing center of venereal diseases for the rest of the world. The government, alive to this situation, has for centuries tried to lessen the disease-bearing properties of its public women, and that a real interest has been taken in this peculiar people, who are, indeed, no mean factor in the commercial welfare of the country, is shown by the city records. A complete department has been established under the direct supervision of the Prefecture of Police, with a chief, a corps of inspectors, both police and medical, with their assistants. One-half of a city prison, the Maison St. Lazare, has been set aside as a detention hospital, having over 200 beds, and at the Hotel de Ville, or central municipal government buildings, inspection offices and a dispensary are maintained. Here every actively-engaged prostitute in Paris is supposed to come for examination as to the state of her bodily health, having, however, particular attention paid to her sexual apparatus. Every interest of the women is protected by the government supervisors. With the probable thought in mind of future identification by visitors, the lay heads of the departments discourage investigation. As an illustration of the secrecy accorded, I found that a number of the cabmen of the city were unable to drive me to the Maison St. Lazare, neither were they aware of the nature of the work done at that institution. These same individuals, however, would have considered themselves as being worthy of the contempt of their fellows if they could not have driven me in the most direct course to any one of the licensed houses of prostitution now flourishing about Paris, the cab drivers throughout the city being the readiest guides to these places.

For a better understanding of the system of municipal control of the city's

prostitutes, I will trace the official career of a girl, whose morals having become corrupted, becomes careless of her virtue, and bids openly for patronage. She may be arrested by one of the sanitary police for soliciting after midnight upon the streets, or she may excite the attention of one of the regular police officials and be taken for acts of lewdness at any time either upon the streets or about the cafés. For ordinary infringements the girl is taken before an inspector of police, where her pedigree, personal description, and nature of her misdeed are noted; she is then allowed to go. Arrested a second time for a similar offense, she is again quickly freed after official note of her case has been added to the first arraignment. A third arrest brands the offending female as a professional prostitute. Her name is now listed upon the department record at the Hotel de Ville. A small photograph of the girl is taken and glued to a card upon which is written the individual's name, address and date of registration. The card is given to the girl, she is directed to return to the dispensary for medical examination at intervals of fifteen days under penalty of imprisonment of from two to ten days at the Maison St. Lazare, and again freed. Upon the back of the card the dates of her return visits for examination are set down. The card thus becomes the passport for the freedom of the streets of the professional street-walker, or house inmate if she elects to connect herself with one of the ninety odd houses which are today officially recognized in the city of Paris. Upon demand of the police or a prospective recipient of her favors, the girl is bound to produce her card for inspection. Failure to produce the registration card or any irregularity in the sequence of the dates subjects the owner to arrest and nominal imprisonment at the detention hospital. In passing, it must be observed that, while ac-

cepted as a public charge, and with association close to the criminal class, the prostitute is protected within the law as much as are other classes of individuals. The system of espionage is, on the whole, not irksome, and identification not so minute as that of the Bertillon method for avowed criminals.

The life of the solitary prostitute is more in accord with a healthy existence than when herded in a company of from five to thirty-five others in the public house. Besides the competition in immorality, necessarily rife among them to attract the attention of visitors, the living of these girls is of the poorest imaginable; as the French kitchen must often not be too closely scrutinized, so here the quarters of the inmates of the cheaper resorts compare with the packing-box retreats of "hop" smokers in a Mott-street Chinaman's joint. Drinking, especially of a light kind of beer known among them as "bock," is generally encouraged, to fatten them, I suppose, for the tendency of the young French prostitute is to grow scrawny, as it is toward early middle life to become gross.

The French inspection system is to a greater or less extent the pattern for St. Petersburg, Berlin, and Vienna, and there is a growing tendency for cities in our country to look toward it as being probably the best solution of our own municipal social questions. A full exposition, therefore, of the methods, in so far as they relate to the control of the disease-bearing capabilities of the prostitutes which are carried out there should be of interest. According to Dr. Levy-Bing, chief of staff at the St. Lazare, there are in the neighborhood of 8000 registered women, all of whom, unless otherwise accounted for by the house-visiting inspectors, are assembled and examined in relays upon inspection days. The rapidity with which these examinations are made cannot fail to excite the wonderment of the visitor, four hundred

women having been examined in the space of one hour and a half previous to one of my visits to the inspection office. The feat, for it is no less than one, is accomplished by the aid of two ordinary wooden gynecological examination tables placed facing the light before a large window. The women are ranged in a continuous line of five or six beside the tables. A dozen of the old-fashioned, large-sized, tubular speculæ are at hand, and as fast as used they are dipped in a boiling water-kettle before being returned to the sterilizing solution beside the medical inspector. As the woman settles herself upon the table she receives an observant glance from the doctor. The speculum is rapidly inserted, exposing the uterine os, and quicker than it takes to tell it, if nothing pathological has been discovered, the woman's place is taken by the next comer. It cannot be gainsayed that a highly-developed power of correct snapshot diagnoses can be made by these examiners, as anyone experienced in ordinary surgical or genito-urinary dispensary work in a large city hospital must admit.

If the female is discovered to have a rash, or mucous patches in or about the genitalia, she is placed to one side for final disposition after examination of the rest has been completed. She may then be committed to the detention hospital, or, if in the judgment of the medical inspector, she is not a dangerous disease disseminator, she may be allowed to continue her calling while undergoing treatment at the municipal dispensary. As practically all of the prostitutes have perforce chronic vaginitis, some allowance is made for this by the examiner. For this reason, and owing to the fact the French women are expert syringers, gonorrhœal discharge is seldom seen. The haunts of these people being comparatively near to the dispensary, an average case of gonorrhœa can be suc-

cessfully masked upon inspection day by this means. For, in spite of the manifest benefit to any of them by a stay in St. Lazare, the average French prostitute prefers her life of freedom of the streets to that of enforced confinement at the hospital, and will therefore shrewdly seek to deceive the examiner in every way possible. Microscopical examinations for the detection of the gonococcus are not made, for the reason that practically all of the women are endemic breeders of the germ, and if any concerted attempt at eradication should be made, the hospital facilities would become at that same moment inadequate for the purposes for which it is intended. Syphilis in its grosser manifestations, chancroid, or simple ulcer, with its complications, are therefore the chief conditions sought.

It is especially the older syphilitics who, becoming hardened to their condition, seek by subterfuge to avoid the enforced confinement of months, or even one or two years' time, during which some of them are forced to abide under the restraint of the hospital. To secure a continued freedom, I saw a number of females, who by their characteristics and demeanor of action, proved themselves to be undoubtedly professional prostitutes, obtaining treatment in the great skin clinics at the Hospital St. Louis, thus, by medication administered with little or no importance placed upon the source or interdiction of continuance of their calling aside from the usual admonitions, they are enabled to continue the life, although certainly not free from risk to their sexual partners.

To show the chance and reality of existence of undetected syphilitic lesions, owing probably to the length of time in the interval between inspections in one public house, harboring some fourteen girls, aged between eighteen and twenty-five years, I discovered two cases showing secondary syphilitic eruptions. In

another nearby house, though, in justice to the system, it must be said that this latter place is not regularly listed as a public house upon the city records, although regularly and for years I was told it has continued as such undisturbed, I found a girl of possibly sixteen, though she glibly claimed twenty-one years of life, who presented a well-marked mucous patch at the corner of her mouth. That she, as well as those who had her in charge, thoroughly understood the nature of the condition, was shown by the fact that, upon being approached, she momentarily excused herself to return again with the lesion cleverly concealed by the aid of cosmetics.

For the Maison St. Lazare nothing but praise can be said. The medical gentlemen in charge there, while keenly alive to the limitations of the value of their work as preventive of venereal disease dissemination to the male sex at the French capital, must be rightly proud of the immediate results upon their patients. So marked is the improvement upon the girls that after a few weeks' stay, with the quiet, absence of drinking and carousal, with enforced regulation of hygiene and proper medication, they become almost unrecognizable in the beneficial physical change which takes place. It becomes apparent to one who has studied the question that there is a distinct advantage to be gained by French prostitutes who continue under the control of the system which has been described. The woman's life is assuredly lengthened many, many years beyond the expectation of harlots not subject to such form of municipal control. The woman's existence being considered and her avocation being recognized as legal by the city's authorities, she is not subjected to the same degree of blackmailing, with all of its demoralizing effects upon subordinate officials of the city's

government, as when not so legalized.

The question, however, is the protection and husbanding, not of the female primarily, but of her transient consort. Viewed in this light, the value of the system to the woman in enabling her to continue her career beyond the years of ordinary expectation must be set aside by side with the influence which registration carries in the community where it is in force. Again quoting Dr. Levy-Bing, who stated to me that there were probably from 16,000 to 24,000 unregistered prostitutes within the city limits of Paris, the influence of the system

upon the male population is that of increased security of freedom from attack of disease. Indeed, it is considered to be rather a breach of etiquette among the *demi-monde* for a Frenchman to ask his paramour of the occasion to produce her card. And that there is a spirit abroad of afforded guarantee existing against venereal disease in Paris, I have but to cite patients of mine, men about town, who have spoken longingly of a desire for a similar condition to be put in effect in American cities.—*Medical Record*, April 23, 1904.

49 East Sixty-fourth street.

SELECTED.

DEPARTMENT OF TUBERCULOSIS.

CONDUCTED BY F. M. POTTENGER, PH. M., M.D.

SOUTHERN CALIFORNIA ANTI-TUBERCULOSIS LEAGUE. — The Southern California Anti-Tuberculosis League is just completing its first year, during which time it has made a very commendable showing. Its membership is about seventy-five. The work of the league during this first year has been largely preparatory. It has held two public meetings; various members of the board of directors have addressed public gatherings, and it has issued two pamphlets for general distribution—"Things the Laity Should Know About Consumption" and "Precautionary Suggestions for the Afflicted."

The league being a purely philanthropic organization and without funds, except those collected for annual dues, found it impossible, unaided, to distribute its literature as widely as desired; so the matter was taken up with the Boards of Supervisors of the various counties and with the City Council of Los Angeles, and it has thus arranged for the distribution of 89,000 pamphlets in Southern California. The Boards of

Supervisors of San Bernardino, Riverside, Orange and Los Angeles counties and the Council of the city of Los Angeles have already responded most generously, and it is hoped that other counties of Southern California will be heard from ere long. The pamphlets paid for by these various boards will be distributed through the public schools. In this way, it is hoped that nearly every home in Southern California may be reached.

There is no organization deserving of more hearty support at the hands of the people of Southern California, and it is hoped that as the league grows in years it may grow in membership, and that its work may be crowned with greater and greater success.

HOUSE INFECTION OF TUBERCULOSIS.—In the *Maryland Medical Journal* for February, 1904, appears a paper by Lawrence F. Flick on the above subject, being one of the addresses delivered at the Tuberculosis Exposition in Baltimore in January,

1904. This paper coming from the director of the Phipps Institute for the Study, Prevention and Cure of Tuberculosis, deserves attention.

The author says that much has been done to throw light upon the tubercle bacillus, and already it is demonstrated that man need no longer get tuberculosis, and that if he is so unfortunate as to get it, he need not die of it.

Unfortunately, the knowledge which makes this new dispensation possible is still in the hands of a few. "Tuberculosis is a local disease and contagion is given off through one or two points only. In smallpox, measles and scarlet fever, the matter which carries the micro-organisms may be invisible; in tuberculosis it always is gross and easily seen. In smallpox, measles and scarlet fever places and things soon become intensely contaminated; in tuberculosis it takes a long time to produce such a result. Intimate association, therefore, with a person suffering from smallpox, measles and scarlet fever without contracting the disease is impossible, unless the person thus exposed has an immunity from vaccination or previous attack, whilst intimate association with a consumptive without contracting the disease is quite feasible."

"The most striking feature about the communicability of tuberculosis is that it depends almost entirely upon the house. An enclosure of some kind is so necessary for the conveyance of the disease from one person to another that contagion is impracticable without it." The phrase "house infection" is used in its broad sense of an enclosure. "The phrase tells pretty nearly the whole story of the communicability of tuberculosis, and covers the entire proceeding from the beginning to the end—gathering the seed, preparing the soil, implantation, rearing the tender plant, nurturing the full-grown shoot, maturing and harvesting.

"The house is the granary of the tubercle bacillus outside of its host." Without it, it could not be preserved. Sunlight, air and water are its natural enemies. How long tubercular matter may remain vital in the open air has not been definitely determined, but all agree that the time is very short. In the house, on the contrary, tubercular matter may remain vital for a long time, because the sun and air cannot get to it.

"Consumption is the autumn of tuberculosis, the blossom grown into ripe fruit. When it comes on, the victim, by reason of his chilliness, malaise and general feeling of helplessness, seeks shelter in some enclosure, and is deluded with the idea that the farther he can get away from sunshine and fresh air the better are his chances of recovery. The house thus becomes the harvest field of the ripe tubercle bacillus, and the seed quite naturally falls into the very place which by nature is intended for its granary.

"The house also prepares soil for the tubercle bacillus. We have every reason to believe that the bacillus cannot get a foothold in perfectly healthy, normal tissue. At any rate, even at the present time it does not seem to be able to invade tissue until the tissue has been injured in some way, either by malnutrition, by traumatism, or through the agency of some other micro-organism. Malnutrition is one of the most common predisposing causes of tuberculosis."

Physical life depends upon food, air and water; the most important of these is air. "It is believed by some that re-breathed air produces soil for the tubercle bacillus more through the poisonous products of combustion which are disseminated in the air than by reason of deficiency of oxygen. Probably it does it by both. At any rate, housed human beings and animals are very prone to tuberculosis."

For implantation of the tubercle bacil-

lus a prolonged intimate contact with a person, place, or thing which has been intensely contaminated with tubercular matter is necessary. The mere presence of a few tubercle bacilli is not sufficient. Everybody has some resisting power to tuberculosis, and with everyone there is a minimal dose of tubercle bacilli which will give an implantation. No doubt this dose differs with different people, but resisting power of some kind exists to some extent in everyone. Even in inoculation experiments on animals, a minimal dose has been found below which injections prove negative. This minimal dose in a sense measures the individual's fighting capacity against the disease. So long as this dose is not reached an implantation cannot take place. Frequent warfare against a dose below the minimal dose increases the resisting power of an individual and raises the minimal dose. With animals this minimal dose can be gradually increased until almost complete immunity has been established.

"From what has been done experimentally on animals and from what we have been able to observe clinically on man, we have good reason to believe that the minimal dose of tubercle bacilli necessary for an implantation by the natural mode of entrance is quite large. This is not a mere speculation, either. Out of every five people who are intimately exposed to the contagion of tuberculosis for a long period of time under the most favorable conditions for an implantation, only one person develops the disease. This shows that implantation is exceedingly difficult, even under most favorable circumstances.

"An inclosure is the one place in which contamination with tubercular matter can become sufficiently intense to create an environment capable of overcoming the resisting power of man and producing an implantation. It is only in an enclosure that vital tubercular

matter can accumulate. In the open air, water, sunlight and air devitalize it nearly as rapidly as it is given off."

A kind of enclosure which offers the best environment for the implantation of the tubercle bacilli is, first, the home, and, second, the workshop. The home is, of all places, most prolific of new implantations of tuberculosis.

Enclosures, such as hotels, churches, public halls, places of amusement, and public conveyances, in which people stop for a short time only, are not apt to give rise to many implantations of tuberculosis.

"House life undoubtedly plays an important role throughout the entire course of tuberculosis to its culmination in consumption and death. With every recurring crop of tubercle the organs of the body become more embarrassed, and the economy is less able to carry on the warfare against the disease. When the disease is in the lungs, as it frequently is, the air supply grows less with each destruction of lung tissue. Fortunately, nature has given all air-breathing creatures ample lung capacity, enough and to spare, so that a great deal of lung tissue may be destroyed without interfering with the functions of the body, provided the air supply is right. Under these circumstances other organs, no doubt, supplement the lungs in their functions of elimination. Everything hinges upon an ample supply of fresh air, however. When this is at hand healthy metabolism may be maintained even when the disease is advanced, and through this health may again be reached. Tuberculosis makes its progress because its victim is shut up in a house where he cannot get fresh air. Unfortunately for the poor, an ample supply of fresh air is impossible. Their homes, as well as their workshops, have been constructed on a mistaken idea that whatever shuts out air, heat and cold is conducive to health. The large

death rate from consumption really must be ascribed in a great measure to bad ventilation in home and workshop."

SUMMARY.

1. Tuberculosis is a disease due to the parasitic growth of a micro-organism on the tissues of a human being or animal. Being due to organic life, it is communicable.

2. Tuberculosis is contagious. The contagion of tuberculosis is different from the contagion of acute contagious diseases, however. It is slow and can be avoided easily in the presence of a consumptive, whilst that of acutely contagious diseases is rapid and cannot be avoided in the presence of those who have such diseases.

3. The contagion of tuberculosis is closely associated with the house. An inclosure of some kind is necessary to make it effective.

4. The house is the granary of the tubercle bacillus. It is the place in which tuberculous matter is kept vital until the bacillus can find a new host.

5. Out of doors tubercular matter becomes devitalized in a short time through water, light and air. Enough cannot accumulate in a vital state to create a contagious environment.

6. Everyone has some resisting power to tuberculosis. Some have more than others. Practically all have sufficient resisting power to withstand occasional exposure to tuberculosis and exposure out of doors.

7. For an implantation of tuberculosis prolonged intimate exposure and an intensely contagious environment is necessary to overcome resisting power. This is had in the home and the workshop.

8. The house prepares soil for the tubercle bacillus.

MISCELLANEOUS DEPARTMENT.

WHY IS THE ABILITY OF MOTHERS TO NURSE THEIR CHILDREN DISAPPEARING?—That the ability of women to nurse their children is diminishing with great rapidity is a fact noted by all physicians, although it may be attributed to various causes. Professor Bunge of Basel has recently published the results of his study into the causes underlying the loss of this important function, a loss which, he states, affects more than half of the women living in the cities of Central Europe. He has collected statistics from physicians, chiefly in Germany, concerning the following points: Number of children borne by the woman; number of children she was able to nurse for nine months each—if unable to nurse, why; number of children borne by her mother; how many her mother could nurse; alcoholism in father and mother. Answers were received covering 1,629 cases, sufficient to enable Bunge to draw conclusions with safety.

The women who could nurse their children without having to supplement the breast milk with other alimentation, for a period of nine months—this being the customary period in Germany—he denominates for brevity's sake "capables." The "incapables" are those who were unable to nurse any or some of their children, or who could nurse them for an insufficient length of time, or whose milk was of insufficient nutritional value. When the nursing was interrupted by a passing illness—by mastitis or a subsequent pregnancy—the case was still counted as a "capable." He did not include in the study those cases which were prevented from nursing by malformation of the nipple.

The "capables" were found to number 519, the "incapables" 1,110. Among these 519 there were 423 who could give information as to their own mothers in this respect, and with one single exception the mothers of these had also been able to nurse all their children for the

normal length of time. But when inquiry was made as to the history of the mothers of the "incapables," it was found that 39.2 per cent. had been able to perform this function normally. Thus it is clearly shown that almost without exception the daughter of a mother who cannot nurse her children is likewise unable to do so; and not only this, but there is an increase in the number of women unable to nurse which cannot be explained by hereditary influences on the mother's side. Bunge then studied the paternal history of those "incapables" whose mothers had been "capables," and found that chronic alcoholism was present in 78 per cent. of the fathers of these women. As chronic alcoholics he classes those who drink daily more than two liters of beer or one liter of wine, and those who are notorious drunkards; 42 per cent. belonged to this last class. On the other hand, only 2.6 per cent. of the "capable" daughters of "capable" mothers had had drunkards for fathers. Examination of the histories of families of drunkards who had had several daughters showed that in many cases the younger daughters were incapable of nursing, while the older daughters were wholly or partially capable—the father having gradually undermined his health until he was at last unable to beget an entirely normal child. A further study of the family history of this same class of women revealed a connection between this loss of function and a susceptibility to nervous and psychical disturbances, for while only 1.6 per cent. of the class of "capables" were found to suffer from disorders of the nervous system, the enormous proportion of 25.9 per cent. was reached for the "incapable" daughters of "incapable" mothers.

The nursing function, therefore, seems destined to gradually disappear even without any increase of alcoholism among men. For, if it is true, as Bunge's statistics show, that this function once lost is almost never regained, then the number of these "incapables" must be larger in each generation, for there will always be alcoholic fathers to

beget "incapable" daughters from "capable" mothers.—*Journal American Medical Association*, April 9, 1904.

We have received from the author, C. Van Zwalenburg, M.D., of Riverside, Cal., a reprint from *The Journal* of the American Medical Association of March 26th, 1904, of an exhaustive monograph entitled "Obstruction and Consequent Distention the Cause of Appendicitis, as proved by Cases and by Experimental Appendicitis in Dogs." This is a remarkable paper, and closes as follows:

"CONCLUSIONS.

"1. Simple infection does not account for the suddenness of the attack nor early severity of the pathologic changes in acute appendicitis.

"2. The evident interference with the blood supply is best accounted for by an increased intra-appendicular pressure.

"3. Simply injecting bacteria into the appendix will not produce appendicitis unless used in abnormal amounts and virulence.

"4. Subperitoneal ligation of the appendix with a simple ligature without distention cannot be made sufficiently permanent to produce a general infection of the appendix, typical of appendicitis in the human being.

"5. Experiments in dogs show that hydraulic pressure equal to the arterial tension maintained within the lumen of the appendix for a short time is promptly followed by typical appendicitis.

"6. The blood supply in an extremity may be cut off with impunity for hours; but in the appendix the ever-present bacteria at once begin an infection, their entrance into the tissues being facilitated by the opening of normal and traumatic avenues by the very distention which cuts off the circulation.

"7. The importance of making a complete diagnosis and prognosis during the first twelve hours of the attack is emphasized.

"8. This study suggests the possibility of infections or other lesions being produced in other hollow viscera, especially in the gall bladder, the stomach and intestines by temporary over-distention."

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EDITORIAL.

DEATH OF NOTED MEDICAL WOMAN.

While the State Medical Association was in session at Paso Robles there came to us the sad news of the critical illness, then death, on April 19th, in San Francisco, of the first woman admitted to this association (1876)—Dr. Charlotte Blake Brown, wife of Henry Adams Brown, and mother of Dr. Adelaide Brown, Dr. Philip King Brown, of San Francisco, and Mrs. Harriet L. P. Darling, of Brookline, Mass.; sister of the late Dr. Charles E. Blake, of San Francisco.

The sense of loss to many of us was indeed great, to some of us almost overwhelming.

Dr. Brown, a graduate of the Woman's Medical College of Philadelphia, class of 1874, had just completed her thirty years of professional life—a life so full of beneficent activities that one

in thinking of them ceases to wonder that she was called to rest at the comparatively early age of fifty-seven years.

She was the pioneer woman surgeon on the Pacific Coast, and was for years the leading woman in surgery here. I well remember her first laparotomy (1877,) a very large ovarian tumor. There had been but three such operations performed in San Francisco, and two of the three patients had died. What courage there was needed for a woman surgeon to undertake an operation with such surgical odds against her, and nearly the whole medical profession actively antagonistic to women practitioners. Her patient, however, positively refused to submit herself to any one else.

In those days there were no elegant operating rooms, and few of the many accessories that abdominal surgeons now deem indispensable to successful

work—only a small bedroom in the patient's humble home.

The night before the operation, when everything had been prepared as carefully as possible, Dr. Brown turned to me and said: "That woman must live, not only for the sake of her family, but for the sake of the reputation of women surgeons." And she did live, is now living, a hardworking woman, who has almost worshiped the beautiful, courageous, skillful woman who saved her life.

Dr. Brown's first public work was the Dispensary for Women and Children (1875,) followed in 1877 by the organization of the Hospital for Women and Children, now called the Children's Hospital. Few who now see this splendid charity can realize the amount of hard work, anxiety and discouragement incident to the early years of its existence. During its first twenty years, Dr. Brown, both as surgeon and physician, worked indefatigably for its continuance and upbuilding.

She was one of the organizers of the Home for Feeble Minded Children, the Associated Charities, and was an active worker in the organization of the State Board of Charities.

These are some of her public works, but who may estimate the value of her private work in her intimate relations with women? Her strong personality was especially effective here, and few could resist the influence of her noble character and sweet womanliness.

To the medical women on the Coast she was an inspiration to all that is highest and best in private and professional life. The younger members who

have found the barriers of sex scarcely discernable in their relations to the profession and to the public can little realize the great debt they owe to their elder sister, Dr. Charlotte Blake Brown!

The throng of sorrowing friends gathered at the church where she had worshiped and worked, the beautiful service of scripture, eulogy and song, the wealth of fragrant flowers, were a fitting tribute to one whose life had been filled so full of good deeds.

ELIZABETH A. FOLLANSBEE.

THE FIRE AT IDYLLWILD.

While in attendance on the State Convention at Paso Robles on Wednesday, April 20th, we received a telegram announcing that at 2:30 o'clock that morning the hotel and one of the cottages at Idyllwild had been destroyed by fire, and that the manager, Mr. R. A. Lowe, had barely escaped with his life. Such news as that rather tries a man, and while there were friends all around in the lobby of the Paso Robles Hotel, yet it took us about fifteen or twenty minutes to get up courage to speak to anybody in regard to the contents of the telegram.

Since returning from Paso Robles, we have received many kind verbal and written communications from friends in regard to the calamity, but none have impressed us more than the following from a very prominent Los Angeles clergyman:

"LOS ANGELES, CAL., April 21, 1904.

"My Dear Doctor: In the midst of my sympathy with you as I read in this

morning's Times of the destruction of the Idyllwild Hotel, I felt a glow of pride and appreciation of your buoyancy and pluck as I read of the steps you had already taken, while the coals were still glowing, towards getting ready for the summer, and I write this to tell you so.

"You don't want me to write any condolences; but I do assure you that you have mine if you want them, and I am sincerely sorry for the very serious loss which the fire has caused you and your partners in it.

"Believe me, my dear doctor,

"Yours very faithfully."

Everything has been arranged already so that Idyllwild will be open and ready for business on June 1st, and the public will be better cared for this year than ever before. The insurance partly covered the loss, and the management will proceed just as soon as possible to put up permanent buildings that will be an improvement on the buildings burned.

The management desires to express its thanks to the press of Southern California for having given such liberal space to the announcement of the reopening on June 1st of this resort.

NEEDLES FOR BRONCHITIS.

We have received a letter from the town of Needles, San Bernardino county, California, saying: "This is one of the finest places I have ever visited for consumption, asthma, bronchitis or any throat trouble. I have been to Denver and Phoenix; this is much better than either, and so close to Los Angeles. It would be a fine place for a sanatorium.

A coarse, sandy desert surrounds the place for miles, and low hills almost at our door. The warm air is so healing one can sleep out in the open the year round. I acquired bronchitis on the coast, but have not had a touch of it since I came here six months ago." The consumptives of the United States have a great source of recovery in the deserts and mountains of California.

STATE SANITARY CONFERENCE.

One of the most important and valuable meetings we have attended was the second annual meeting of the State, County and Municipal Sanitary Conference of California, which was held at Paso Robles, Monday, April 18th, with the president, Dr. Martin Regensburger, of San Francisco, in the chair. The papers were all of a high standard, and each provoked much intelligent discussion. Dr. LeMoyne Wills of Los Angeles was elected president for the ensuing year. The program was as follows:

Morning Session—Greeting by President Martin Regensburger, of San Francisco; "Food Adulteration," Dr. James W. Ward, of San Francisco; "Milk Supply and Sanitation of the Dairy," Dr. George H. Aiken, of Fresno.

Afternoon Session—"Vaccination," with exhibition of the various packages on the market, and an expression of opinion as to their relative merits, Dr. Edward von Adelung, of Oakland; "Practical Disinfection," Dr. William Simpson, of San José; "Quarantine in Small-

pox and Other Infectious Diseases," Dr. L. M. Powers, of Los Angeles; "Collection and Registration of Vital Statistics," Dr. O. Stansbury, of Chico; "Medical Legislation," Hon. W. I. Foley, of Los Angeles; "Pollution of Public Water Supplies," Dr. Thos. Ross, of Sacramento.

Evening Session—"Prevention of Tuberculosis," Dr. C. C. Browning, of Highland; "Medical Examination of School Children," Dr. Mary R. Butin, of Madera.

DR MAUD MACKEY.

Many Los Angeles friends were in great anxiety during the Chinese massacre a few years ago in regard to the life of Dr. Maud Mackey, who graduated in medicine from the University of Southern California. She escaped almost by a miracle, being almost the only survivor. We have just received a letter from her, dated Paotingfu, China, March 25th, 1904. Dr. Mackey says: "I have enjoyed the Southern California Practitioner, and it has helped me to keep in touch with the medical circle at home. It is not easy to keep up with the times out here, but we try to keep from getting too rusty by reading our medical magazines and sending for all the new books we can afford. I take the *New York Medical Journal*, which seems to meet my needs pretty well. I hope to take a post-graduate course somewhere when I go home on furlough. We have two hospitals here in Paotingfu. Dr. Charles Lewis, of the University of Pennsylvania, has

charge of the men's hospital. He sees from fifty to sixty patients a day in his clinics, and operates almost every afternoon. I have clinics every afternoon, and see from forty to fifty women each day. The women's hospital is convenient and suitable for the work done in it, though I am sure it would seem very simple and primitive to Los Angeles surgeons—but it is clean and convenient. I have found my training at the little Sixth-street hospital in Los Angeles of more help to me, since I have had to depend on myself so much, than anything else.

"The terrible times here in China in 1900 took away all of our assistants, so we have to train people from the beginning. The material is pretty poor, usually, and I do all of the dressings myself. Sometimes it has been necessary when alone to give the anesthetic, as well as to operate. In such a case one cannot be strictly aseptic. Dr. Lewis and I operate together often, but we cannot always do so, as the Chinese prejudices have to be recognized. One cannot be a specialist in anything here, for we meet all sorts of diseases in the most extreme state of neglect. Skin diseases, eye troubles and tuberculosis in every imaginable form are perhaps the most common. In obstetrics I never see a normal case, for the Chinese depend upon their own native mid-wives, except in cases they cannot manage. I have five cancer patients just now. We meet many deformities, too. A boy came to me the other day without any ears; just a few little tags of flesh where the external ears ought to be.

"This is rather a long letter to expect a busy man to read, but it is a temptation when I get started to tell my old teachers something of my work.

"Respectfully yours,

"MAUD A. MACKEY."

THE PASO ROBLES MEETING.

The meeting just closed was well attended and was a success from a scientific and social point of view. Physicians and their families became acquainted and learned to know each other, and many enjoyable hours were spent. Dr. H. Bert Ellis, the retiring president, delivered an address which was broad and thoughtful and commanded the approval of all who heard it. The president-elect, Dr. Frank Adams, of Oakland, is simply receiving his due, and there was no one to say nay. Southern California was well represented, and the fact that Riverside was chosen for the next place of meeting shows the bond of friendship and good-fellowship that extends from one end of the State to the other.

This meeting should also, with all its success, be a lesson to the society for the future. The Committee of Arrangements was absolutely inefficient. Dr. McLennan of Paso Robles, who was the chairman, who is a pleasant, capable, professional gentleman, seemed to have no comprehension whatever of the responsibilities of his position. It was well known that the beautiful Paso Robles Hotel could not accommodate near all of those attending,

and, knowing this, the Committee of Arrangements should have had rooms throughout the town of Paso Robles arranged for and posted at the hotel, so that they could have been assigned as promptly as any other rooms; instead of that, as high as forty people arriving from San Francisco between 1 and 2 o'clock in the morning were obliged to stay in the bus waiting for rooms to be discovered in various sections of the pretty town, and finally Dr. J. W. Robertson of Livermore, and numbers of others, had to sit around anxiously waiting for daybreak. When pioneers like Dr. W. F. McNutt, of San Francisco, and other men who have labored for years for this society, have to be jostled around through the chilly hours of night, and then after all that have very unsatisfactory accommodations, it shows bad management somewhere. As many as six people were spread along in one room, and the hotel looked like a New York tenement-house. Dr. LeMoyne Wills, of Los Angeles, who has the habit of getting the best of everything, got to Paso Robles on Sunday and secured a good room, and so when he found his friend, Harry Sherman, about to be put on a pallet in the billiard-room he took mercy on him and took him to bed with him, where together they dreamed about State Boards of Examination and other pleasant little matters. The trouble with Dr. McLennan was he did not co-ordinate his forces. The editor of this journal was on the Committee of Arrangements, and received no directions and almost no suggestions as to any duties which he might perform.

During the session the sad news came that Dr. Charlotte Blake Brown was dying, and later the news came that she had passed away. The society, by a rising vote, sent a message of deepest sympathy to Dr. Adelaide Brown and Dr. Philip King Brown, daughter and son. Dr. Philip King Brown was on the Committee of Arrangements, and had he not been so closely bound to his home by his distinguished mother's illness, we have no doubt the members of the society would have been far better cared for. The people of Paso Robles were ready to do everything possible for their guests, and had a committee of citizens had this in charge instead of Dr. McLennan we have no doubt everybody would have been promptly and comfortably cared for. The barbecue given by the citizens was a unique and delightful affair that everybody enjoyed, while the banquet passed off as all banquets are supposed to do, with great eclat.

The Paso Robles Hotel is comfortable in the extreme, and the proprietor, Mr. W. A. Junker, kept his wits about him and had a good-natured word for everybody, and when the guests got into the dining-room all complaints disappeared.

Knowing Frank A. Miller, of the New Glenwood Hotel, Riverside, as we do, and also being fully aware of the co-operation that he will have from the physicians and citizens of Riverside, we know that all will be promptly, thoroughly and elegantly cared for. We predict right here and now that the Riverside meeting will surpass all others in the history of the State society.

The election of Dr. W. W. Becket as Second Vice-President of the State society was another recognition of Southern California, and the well-earned compliment of an able, hard-working man.

IS ALUM POISON?

Editor Southern California Practitioner, 1414 S. Hope, city—Dear sir: In your April number you publish an abstract from McClure's, entitled "Alum is Poison." I fail to find in this article a single fact or even attempt to show whether it is true or false that "Alum is Poison." Mr. Steffens, its author, very cleverly leads his readers to the conclusion that all objections to the use of alum in baking powders originated solely in Mr. Ziegler's attempt to head off the powerful competition against his Royal baking powder. This article and many, many others of the same kind written by chemists, physicians and laymen, in the interest of one side or the other to the controversy, are more or less clever advertising and no more.

Of course alum is no poison, if used in baking powder for leavening bread and pastry. But there are more than sufficient reasons to suspect that it becomes injurious if used habitually in our daily bread. In cases of this kind a well-founded suspicion is certainly enough to call for a rigid and unbiased investigation. A private man, competent judge though he may be, can, however, not undertake such investigation and publish his results. He would immediately be jumped upon, belittled and ridiculed by those whose commercial interests may be antagonized by his find-

ings, until he thinks playing with a buzz-saw is innocent fun, indeed, as compared with his experience. The only proper parties from whom we are entitled to demand the final settlement of this question are the official guardians of the public health. They have no other interest but to arrive at a definite conclusion in this question, based upon unquestioned and unquestionable results of their chemical and physiological investigations. They can also obtain the hearty co-operation of independent publications, such as your own, and of the researches of competent and unbiased scientific investigators.

At all events, cheap advertising literature and high-flowing, but incompetent, oratory have had their sway long enough. The public is entitled to a definite knowledge whether alum—or any other baking powder—is injurious or not.

DR. JULIUS KOEBIG,

Industrial and analytical chemist, 828
East Third street, Los Angeles.

STATE EXAMINATIONS.

SAN FRANCISCO, CAL., April 12, 1904.

Editor Southern California Practitioner—Dear Doctor: Following are the names of those who were successful in the April examination held by the Board of Medical Examiners of the State of California:

Geo. K. Abbott, Hubert F. Andrews, Paul E. Biber, Rene Bine, John I. Clark, W. E. Coppedge, Chas. A. Cordiner, Edwin J. Cornish, Herbert Coulter, Arthur M. Duncan, Ora B. Dunham, Raphael B. Durfee, James A. Ellis, Martin H. Fischer, David E. Francisco,

James K. Hamilton, Jr.; Henry Herbert, Arthur C. Huntley, Abel Johnson, W. B. Johnson, Joseph J. Kavanagh, Margaret M. Lamont, Henry H. Lissner, Robert M. Malster, Louis A. Martin, Aloysius J. McKinnon, Chas. J. McKown, A. L. Miller, Harry K. Morrison, Raphael Motheral, G. C. Nichols, Jane Orr, Peter J. Rothenisje, Russell W. Preston, Carl Ramus, R. G. Reynolds, Walter S. Rutherford, Edward E. Sherrard, Crayton C. Snyder, F. H. Stibbens, W. L. Teaby, Maria C. Walsh, Cullen F. Welty, Geo. F. Wise, Lewis H. Young.

Passed, 45; failed, 16; conditional, 1.

Next examination will be held the second Tuesday in July (July 12, 1904,) in Los Angeles only. Yours truly,

GEO. L. GERE, Secretary.

EDITORIAL NOTES.

Dr. G. M. Hubbell has removed from Redlands to Los Gatos.

Dr. A. J. Elliott, formerly of San Francisco, has located in San Diego.

Dr. A. J. Elliott, formerly of San Francisco, has located in San Diego.

Dr. S. G. Wynne of Redlands has just recovered from an attack of pneumonia.

Dr. W. N. Sherman and wife of Fresno were in Los Angeles recently, visiting friends.

Dr. L. S. Thorpe, the Los Angeles oculist, has gone abroad to spend a year in post-graduate work.

Dr. J. H. Love, the pioneer practitioner of Ventura, has just moved into an elegant new residence.

Dr. J. B. Cutter, chief surgeon of the Santa Fé Hospital at Albuquerque, has been taking a vacation in Los Angeles.

Dr. Frank W. Wood, the physician at the Indian School at Albuquerque, has

been making a tour of the Indian pueblos.

The Arizona Automobile Club and the Arizona Medical Association both met in Tucson on April 26th and had the time of their lives.

Dr. A. S. Parker of Riverside was elected a member of the Council at the recent meeting of the State Medical Society at Paso Robles.

Dr. Donald Frick, who has been spending a year in post-graduate work in Johns Hopkins, has located in the Braly Building, Los Angeles.

Dr. Frank Adams, the new president of the State Medical Society, has been in Los Angeles and Riverside arranging for next year's meeting.

Whittier now has a medical society, with Dr. W. V. Coffin as President; F. H. Hadley, Vice-President; W. E. Trueblood, Secretary and Treasurer.

Dr. and Mrs. W. W. Hitchcock, of 2700 South Grand avenue, Los Angeles, recently entertained fifty Los Angeles physicians and their wives at dinner.

New York City has made an appropriation of \$75,000 for plans for a new Bellevue Hospital. The estimated cost of the hospital will be about \$14,000,000.

Dr. M. R. Toland of Pomona has gone to New York to spend three months in post-graduate study. He will devote himself especially to the study of electro-therapeutics.

Dr. Milbank Johnson of Los Angeles is the president of the Southern California Automobile Club, and is doing excellent work as a member of the Good Roads Organization.

The editor of one of the leading eastern weekly medical journals writes us: "The Southern California Practitioner is one of the last of our exchanges with which we should willingly part."

Dr. Harold Sidebotham of Santa Barbara has recently purchased the nine-acre tract known as the "Price Place," and will immediately commence the erection of a fine residence thereon.

Dr. Arthur Goden has recently been elected Instructor in Materia Medica and Therapeutics, and Dr. Titian Coffey Instructor in Obstetrics, in the Medical College of the University of Southern California.

The Arizona Automobile Club consists of 60 members. Tucson furnishes 27 members, Phoenix 13, Prescott 5, Tombstone 3, Jerome and Nogales each 3, Congress and Bisbee each 2, Bedrock and Oracle each 1.

The Nu Sigma Nus of Southern California, principally those connected with the Medical College of the University of Southern California, gave a successful dance at Kramer's Hall, Los Angeles, on the evening of April 9th.

Blakiston's used in printing "Deaver's Surgical Anatomy," 2340 pounds of ink, and 188,002 pounds, or 84 tons of paper. On July 1st, 1904, the price of this work will be advanced to \$30 in half morocco and \$33 in half Russia.

Dr. J. B. McNally of Phoenix, Arizona, who had the misfortune to lose a child while administering chloroform to reduce a dislocation, was prosecuted for carelessness, but after a brief preliminary hearing was discharged.

Any person desiring to secure a practice in Los Angeles, with instruments, library, etc., belonging thereto, can be put in correspondence with owner by addressing or calling on the editor of the Southern California Practitioner.

On Thursday, April 21st, an articulated human skeleton was stolen from the Throop Polytechnic Institute at Pasadena. The faculty of that well-

known institution are very anxious to apprehend both the thief and the skeleton.

The French Hospital, one of the oldest institutions in Los Angeles, is arranging to relocate and to erect a very expensive modern structure. The physicians of this institution are Dr. A. J. Valla and Dr. L. J. Roth. It is said that the new site will probably be on Brooklyn Heights or Boyle Heights.

The City Council of Los Angeles has purchased 15,000 booklets and 30,000 circulars giving information as to the dangers of consumption and the way to prevent its spread. These booklets and circulars will be distributed among the school children, to be carried to their homes.

The Phoenix, Arizona, *Enterprise* asserts that some surgeons of that city recently operated on a twelve-year-old boy to remove a bullet from the abdomen, and afterwards the bullet was found in the clothing of the boy and had not entered the abdomen at all. The boy is doing well.

Dr. P. G. Cotter, the well-known physician, recently read a paper before the Newman Club, on his trip to Palestine. The paper was illustrated with forty-four stereopticon views, and the speaker carried his audience closely with him from beginning to end by his graphic description.

At the annual meeting of the San Diego County Medical Society, the following officers were elected: President, Dr. P. J. Parker; Vice-President, Dr. E. M. Fly of National City; Secretary and Treasurer, Dr. Thomas L. Magee. Dr. Magee has for many years held this responsible position and to him much credit is due.

The doctors of Pomona have organized the Pomona Valley Hospital Association for the purchase and manage-

ment of a local hospital. The capital stock is \$25,000, divided into shares of \$10 each. The directors elected for the coming year are: Drs. F. Garcelon, S. F. Davis, F. W. Thomas, C. G. Toland and E. Henderson.

The Palisade Manufacturing Company of Yonkers, N. Y., is sending to physicians a copy of a reproduction in colors of the Declaration of Independence, giving the portraits of the medical signers of that immortal document. Any physician not receiving a copy will be favored with one upon sending his address to the Palisade Company.

Clinical Review, in speaking of the great increase in the number of hospitals in the United States, says there are at present 2,500 having a bed capacity of over 300,000, or about one bed to 350 inhabitants. Both in the total number and in the number relative to population New York heads the list with 350 institutions, having a bed capacity of 75,000, or one to every 100 inhabitants. California stands next, with 125 institutions, and 12,000 beds, or one bed to every 125. Lowest on the list is Georgia, with 35 small hospitals and one bed to every 1,500 people.

In an editorial in the *Archives of Pediatrics* for April, 1904, the writer says: "There is no foundation for the belief that chloroform is the best anesthetic for children." The writer believes that chloroform is a particularly dangerous anesthetic for children, and this conclusion is based upon the personal observation of many cases of more or less alarming depression of the circulation and respiration during the careful administration of this anesthetic. "There is no question whatever of the great safety of ether, and it should be chosen as the routine anesthetic for children."

We are glad to see that Fairchild Brothers & Foster have gained a decis-

ion from the Supreme Court by which the Broadway Drug Company is prohibited from using signs, labels or wrappers marked "Fairchild" or "Dr. Fairchild," or any similar word or words, or offering for sale anything purporting to be made by Dr. Fairchild or Fairchild. It is an outrage, when a firm has built up by worthy methods a great name and reputation, to have such firms as this Broadway Drug Company try to steal it away. The best way is to fight them through the courts and show them up in their true character.

The commencement exercises of the Medical College of the University of Southern California will take place at Simpson Auditorium at 8 p.m., Thursday, June 16th. This sterling college graduates this year its largest class, and it is a class of which the officers of the college are very proud.

The faculty have completed plans for the erection of a new clinic building. This building will be two stories in height and will contain all the modern accessories for such an establishment. Dr. Granville MacGowan has had this work especially in charge, and the plans which he has, with the assistance of other members of the faculty, perfected, are most satisfactory. The college has also taken steps forward in several other points in connection with its work, and is keeping pace with the general progress of the profession.

Dr. H. C. Brainerd, Professor of Diseases of the Mind and Nervous System; Dr. H. Bert Ellis, of the Chair of Ophthalmology; Dr. W. D. Babcock, the Secretary, and several other members of the faculty, will attend the meeting of the American Medical Association at Atlantic City; some will go abroad, and others will remain for a few weeks in the East. There is no such thing as stagnation in this faculty, and the enthusiastic determination to keep this school up to the highest point of useful-

ness was never more apparent than at present.

The Southern California Medical Society held its thirty-third regular semi-annual meeting in Los Angeles on Wednesday and Thursday, May 4th and 5th. The officers were as follows: President, Dr. John C. King of Banning; first vice-president, Dr. Frank C. Garcelon of Pomona; second vice-president, Dr. L. M. Powers of Los Angeles; secretary and treasurer, Dr. F. D. Bullard of Los Angeles; Committee of Arrangements, Drs. W. W. Beckett (chairman,) Walter Jarvis Barlow and Fred C. Shurtleff. The meeting was called to order at 2 p.m., and the address of welcome was delivered in a facetious vein by Dr. H. G. Brainerd, who told the guests that the Committee of Arrangements had provided everything possible to entertain them, from a dog show at the Chutes to the Methodist General Conference at the Pavilion. Throughout the meeting the papers were interesting and the discussions spirited. New officers for the ensuing year were elected as follows: President, Dr. F. D. Bullard, Los Angeles; first vice-president, Dr. Hoell Tyler of Redlands; second vice-president, Dr. George E. Abbott, Pasadena; secretary and treasurer, Dr. Joseph M. King of Los Angeles. The next meeting is to be held in December in the city of Pomona. On Thursday evening all the visiting physicians were entertained by the Los Angeles doctors with a theater party at the Mason Opera House, followed by a supper. It was a pleasure to see that so many doctors brought their wives, and all got acquainted and had an enjoyable time.

John Wyeth and brother of Philadelphia are making a specialty of Caprenalin, the active presser of the suprarenal gland. They also show by a diagram the Kymographian record, giving the blood pressure action of Caprenalin.

BOOK REVIEWS.

COMMONER DISEASES OF THE EYE;

How to Detect and How to Treat Them.
By Casey A. Wood, C.M., M.D., D.C.L.
Professor of Clinical Ophthalmology in
the University of Illinois, etc., and
Thomas A. Woodruff, M.D., C.M., L.R.
C.P., Professor of Ophthalmology in the
Chicago Post-Graduate Medical School,
Chicago, etc. 250 illustrations; 7 col-
ored plates; 500 pages, 5x8 inches.
Bound in green Buckram, gold side-
title and top. \$1.75 net.

The object of this work is to present a concise epitome of ophthalmological science for the general physician, and, on the whole, this has been excellently attained. The first three chapters are devoted to that which more especially belongs to the ophthalmologist. It contains, however, one statement with which the reviewer cannot agree, viz., that retinoscopy does not need much practice; the contrary is true, it needs much practice and its results are most accurate. When treating of the commoner diseases, we find in the book much to commend. We believe, however, that in the use of cold applications in ophthalmia neonatorum, great caution must be used, else the cornea may be damaged. Chapters upon "Ocular Headaches" and "Hygiene" leave little to be desired, and make this little work, what it claims to be, of especial value to the practitioner. "Ophthalmology in General Surgery" is a plea for the use of the ophthalmoscope in diagnosis and prognosis; this chapter also deals with the toxic amblyopias and the eye conditions found in rheumatism, gonorrhea, measles, syphilis, chlorosis and hemorrhagic conditions. Another chapter is devoted to the ocular complications in smallpox, diphtheria, influenza, malaria, typhoid fever, rickets and diseases of the vascular system. Under diphtheria, he calls attention to the following symptom, viz., that no matter how serious the attack may be, as long

as the pupillary reaction to light is intact, recovery is probable, but if the pupils are immovable, a fatal termination is certain. On page 398, he makes the statement that 75 per cent. of frontal headaches are due to eye-strain, and also that fully 40 per cent. of all headaches are due to the same cause, which fact alone demands that the general practitioner should have a good knowledge of ophthalmology, which a careful study of this little book of five hundred pages will surely give him.

We have received from the author, W. Francis B. Wakefield, M.D., of San Francisco, Professor of Gynecology in the Oakland College of Medicine and Surgery, a reprint from *The American Journal of Obstetrics*, entitled, "The Abdominal and Pelvic Lymphatics, and Their Relationship to Cancer of the Uterus."

We have received as a reprint from the *Medical Record* of January 2nd, 1904, a very interesting and timely monograph entitled, "A Plea for Justice to the Consumptive. A Reply to Recent Attempts to Discriminate Against the Consumptive, Not Only on Account of His Physical Infirmary, but Also on Account of His Alleged Mental and Moral Defects." By S. A. Knopf, M.D. Any person desiring to read this paper, which is the highest authority on this subject, should write to the author for a copy.

LEA'S SERIES OF MEDICAL EPITOMES. TULEY'S EPITOME OF PEDIATRICS. A Manual for Students and Practitioners. By Henry Enos Tuley, A.B., M.D., Professor of Obstetrics in the Medical Department of Kentucky University, of Louisville, Ky. In one 12mo volume of 266 pages, with 33 engravings. Cloth. \$1. net. Lea

Brothers & Co., Publishers, Philadelphia and New York. 1903.

This book is everything that it claims to be. We are especially interested in the very thorough treatment which it gives to infant feeding. In speaking of condensed milk, the author says that the milk has been evaporated to about one-fourth its volume, after which is added one-third its weight of cane sugar. He says that the study of a table which he gives will show why this food is not suitable for a regular diet, and why children so fed have rachitis, irregular bowels, which are easily upset; delayed and troublesome dentition. He advises where condensed milk must be fed that the child be given cod-liver oil until about one year of age.

NERVOUS DISEASES. A PRACTICAL treatise for the medical student and general practitioner. By F. Savary Pearce, M. D., Professor of Nervous and Mental Diseases in the Medico-Chirurgical College of Philadelphia; Fellow of the College of Physicians of Philadelphia; Neurologist to the Philadelphia and Howard Hospitals. Sold only by subscription. Cloth, \$3. Colored frontispiece and 91 illustrations in the text, many in colors. D. Appleton & Company, Publishers, 436 Fifth Avenue, New York.

This is particularly a working volume. It is put in readable shape, and is just the book to have at hand for ready reference. It is written in an interesting style, and is illustrated with original photographs and cuts, presenting to the eye as a method of teaching what cannot always be well explained in the text. The author enters into the use of electricity, massage, hydro-therapeutics, as well as drugs. In speaking of climatology of nervous disease, he says: "Warm marine climates and sea voyages on calm water are best perhaps of all for neurasthenics. High climates are best for anaemic cases."

HOWE'S HANDBOOK OF PARLIAMENTARY USAGE. By William Frank

Howe. Price 50 cents, postpaid. Cloth. Hinds & Noble, Publishers, 31-33-35 West Fifteenth street, New York. 1904.

A very useful work for all persons who may have honors thrust upon them.

We have received from the author, Dr. Andrew Stewart Lobingier, of Los Angeles, two monographs, entitled: First, "Tuberculous Infection of the Peritoneum and Annexa;" second, "A Review of Recent Progress in the Surgery of the Gall Bladder and Bile Ducts." These are interesting papers, and would doubtless be sent on request to any physician by the author.

We have received the twenty-eighth Annual Report of the New York State Reformatory at Elmira. This year book is well illustrated and contains much of interest. The report of Dr. Frank L. Christian, the senior physician, is particularly valuable. In the treatment of the inmates the great aim is to develop them physically, as well as mentally. By far a major portion of the men are below a normal standard of physique. All inmates who are without a fair physical development are assigned to the physical-culture class. Nearly 80 per cent. of the inmates are recruited from the tenement-house population of Greater New York, coming largely from the crowded districts of the East Side. Reared amidst such surroundings, it is not strange that these men on their arrival at the reformatory are often found to be already infected with tuberculosis. Over 50 per cent. of the total number of deaths in the Elmira institution have been the result of tuberculosis. Dr. Christian urges the elimination of all danger of further infection by the removal of every tuberculous person from the Elmira Reformatory to some especially equipped hospital under State supervision. This recommendation of his is certainly a most reasonable one, and the necessity for such a hospital is imperative, unless it is the aim of the State to eliminate by means of this disease the class of young men that is sent to Elmira.

VON BERGMANN'S SURGERY. A SYSTEM OF PRACTICAL SURGERY. By. Drs. E. von Bergmann, of Berlin, P. von Bruns, of Tubingen, and J. von Mikulicz, of Breslau. Edited by William T. Bull, M.D., Professor of Surgery in the College of Physicians and Surgeons (Columbia University,) New York. To be complete in five imperial octavo volumes, containing 4000 pages; 1600 engravings and 110 full-page plates in colors and monochrome. Sold by subscription only. Per volume, cloth, \$6.00; leather, \$7.00; half morocco, \$8.50 net. Volume II just ready. 820 pages, 321 engravings, 24 plates.

The second volume of this imperial work appears promptly on our table. It deals with the neck, thorax and spinal column. The success of the work in Europe was so great that it was imme-

diately translated into Spanish and Italian, and the translation into English has been done under the editorial supervision of Dr. Wm. T. Bull. The American edition has been edited by Dr. Bull so as to add those methods of practice which have gained preference in America. There are many illustrations, and the colored plates showing particularly the dissections about the throat will prove of great value.

We have received a very graphic chart of the sympathetic nerve, by Byron Robinson of Chicago, published by E. H. Colegrove, 65 Randolph street, Chicago, Illinois.

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DR. WALTER LINDLEY, Editor.
DR. F. M. POTTENGER, Asst. Editor.
DR. H. BERT ELLIS, Associate Editors.
DR. GEO. L. COLE }

RETROVERSION OF THE UTERUS—ITS CORRECTION.*

BY J. DE BARTH SHORB, M.D., LOS ANGELES.

It is not my purpose in presenting this paper to go exhaustively into the history of uterine support and the different methods extolled from time to time as specific for retroversion and procedentia, but simply to introduce the subject of the treatment of retroversion and give some of the operative methods suggested for the correction of this condition.

The operative procedures have certainly undergone a very marked evolution since 1886, but the important problem of maintaining the uterus by surgical means seems still to be unsolved.

The uterus is peculiarly subject to physiological changes of position; the bladder causes the uterus to move forward and backward as it dilates and contracts. In a similar, but less extensive, way distention of the rectum helps to push the uterus forward. Intra-abdominal pressure above constantly changing effects the position of the uterus. There is an up and down movement of the organ with ordinary respiration, and under unusual exertion, such as coughing, the displacement is marked.

The changes in position, where limited in degree, are physiological. The womb returns to its original position as soon as the displacing influences are removed. It is only when the uterus remains permanently displaced or is carried so far beyond the physiological limits as to produce symptoms that the displacement becomes pathological.

To glance over the anatomy of the uterus:

In the first place the uterus lies wholly within the true pelvis. A line drawn from the promontory of the sacrum to the symphysis pubis divides the true pelvis from the abdomen and all the pelvic organs, including the uterus, are below this plane and the long diameter of the uterus in the pelvis corresponds nearly to the long axis of this plane. It is equidistant from the sides of the pelvis. In all its changes in position, it returns to the axis of the inlet of the pelvis, slightly behind the center of the true conjugate.

To consider the relative anatomy of the viscera of the pelvis in a brief and crude way:

*Read before the Los Angeles County Medical Association, April, 1904.

The uterus is in the center, the Fallopian tubes and ovaries on either side, the bladder in front, the rectum behind and the vagina below. Covering all of these structures, excepting the vagina, is the peritoneum, which is the chief bond of union between the upper part of the pelvic organs and forms the ligaments which have much to do in holding the uterus in place. The pelvic peritoneum is attached to the bony walls of the pelvis through the medium of the periosteum and areolar tissue. So the end of each ligament has an attachment to the inner aspect of the pelvic bones. The round ligaments are anatomically an exception to this rule as they contain muscular fibres and are really an outgrowth of the uterus in round cords. They start from the uterus near the proximal end of the Fallopian tubes, sweep around the sides of the pelvis and pass through the inguinal rings into the labia majora. All the other ligaments of the uterus are not composed of ligamentous tissue, but are ligaments because they perform the function of ligaments. They are made up of double folds of peritoneum containing, however, some fibers of the pelvic fascia and areolar tissues.

The uterovesical ligament, in addition to its attachment to the bony walls of the pelvis, are connected indirectly to the anterior wall of the vagina and from their position probably help to hold the uterus in its normally antverted position. Their existence may explain the good results of the operation of lateral elytrorrhaphy and perineorrhaphy designed by Dudley to hold the uterus in position in cases of procidentia by restoring the normal angle between the long axis of the vagina and uterus; the other ligaments probably help in the results of this operation. As all the ligaments except the round ligaments join together at the junction of the supravaginal portion of the cervix and the body of the uterus, from this it would

appear that the denudation done on either side of the cervix and along the lateral sulci of the vagina would bring all the ligaments into play except the round ligaments and help to maintain the uterus in its normal position.

Before taking up the question of operations for the relief of retroversion it might be well to say that the uterus is retained in its position by its own specific gravity. As soon as it becomes diseased as a result of a multitude of conditions, it falls out of place and in every case of retroversion there seems to be a certain degree of procidentia. With all the methods advocated from time to time it would seem that there is no one operative procedure adequate to fulfill all the indications in the correction of retroversion.

From the structure of the round ligament of the uterus the logical deduction would be that through their agency the uterus should be retained in position, and another significant fact is that these ligaments increase in size *pari passu* with the development of the pregnant uterus.

To take up the operations on the round ligament:

The Alexander operation and its modifications consists, roughly, in reaching the internal inguinal ring by external incision, stripping off the peritoneal covering and suturing the ligaments in the canal or resecting a portion of the ligament and fastening it in the canal.

Can be of service only in a very limited number of cases, as unfortunately in the majority of cases consenting to operation, the condition is complicated with some intra-abdominal troubles that require attention in order to relieve the patient of symptoms and restore her to health. And another objection exists in the fact that the operation does not fulfill the indications, even in simple, uncomplicated retro-displacement of the uterus, as the traction on these ligaments does not throw the uterus into the nor-

mal position of anteversion and flexion, but holds it vertically in the pelvis, brings the fundus above the pelvic inlet and moves the entire body towards the anterior abdominal wall, where the intra-abdominal pressure is constantly exercised to stretch the ligaments and reproduces the condition for which the operation was devised.

The operation advised by Wylie of New York, of doubling the ligaments on themselves and suturing the loop thus formed together, taking up as much slack as is required under the conditions, does not seem a difficult operation, and as it entails no destruction of tissues would seem to be a good surgical procedure, but the objection exists to this as to the Alexander operation, that it does not produce the anteversion and flexion required to throw the uterus into its normal position.

Gilliam has devised an operation which he believes efficient. He makes an incision three inches long in the medium line, the adhesions are broken up and with the finger behind the broad ligaments the round ligament is caught up at a point one and one-half inches from the uterus and a thread passed around it. The two ligaments are treated the same. The skin and sub-cutaneous tissue are retracted from the fascia and muscular layer of the abdominal wall and a perforation is made through the fascia and muscle, beginning one-half inch from the lips of the wound and passed downward and outward into the abdominal cavity. He explains his object in giving this direction to the perforation, that it affords a safeguard against hernia. Forceps are then passed through the perforation, the threads that surround the ligaments are grasped and the ligaments drawn through the perforation and stretched to the fascia of the abdominal wall. By this method the uterus is not

fixed, but rests easily and naturally against the bladder and varies in position with the condition of this vesiculus and the rectum. But here again the same objection exists as in the Alexander and Wylie operation. The uterus is not placed in the normal position. To overcome the objections to the Alexander, Wylie and Gilliam operations, J. M. Baldy devised the following operation: The round ligament is picked up and a ligature is thrown about it close to the uterus, so as to secure the artery. The round ligaments are severed, bleeding is checked by ligatures applied to each vessel or by the sutures used in securing the ligament in its new position. He then perforates the broad ligament from its posterior aspect at a point opposite where the round ligament has been divided, draws the round ligament through the perforation to the posterior aspect of the uterus at the cornua directly back of the original attachment on the anterior aspect of the uterus. The point of attachment, however, may be higher or lower than this, as it may be necessary to produce the desired result, and as much of the ligament may be cut away as is necessary to shorten the ligament. The uterus remains a pelvic organ. It is anteverted and flexed and has no artificial support. The uterus is free to expand in pregnancy and there are no adhesions to give trouble from pain or possible strangulation of a gut.

The operation of ventro-suspension seems a dead issue as an operation on patients during the child-bearing periods on account of the dystocia that has followed in its trail.

Does the operation of Baldy meet all indication for the successful treatment of retroversion? I should like to hear the question discussed.

DIAGNOSIS AND TREATMENT OF ECZEMA.*

BY T. J. WILSON, M.D., POMONA, CAL.

My apology for choosing such a common-place topic as Eczema, if an apology may seem necessary, is that so far as my own observation goes, there is no department or specialty, if such you may term it, in the practice of medicine that is given so little attention as skin diseases. I was particularly impressed with this fact when attending the clinics of Prof. Bulkley in the New York Post-Graduate School. When cases were presented to the class for examination, how humiliated we often were by our manifest ignorance of the points of differentiation between different diseases.

It is not my purpose to give you a text-book article on eczema, but hope to be able to touch some practical outlines that may be helpful in arriving at a correct diagnosis and proper treatment of what are sometimes obscure and troublesome cases in medical practice.

The simplest and briefest definition I have seen of eczema is given by Stevens, "A non-contagious, inflammatory disease of the skin, characterized by multi-form lesions, erythema, papules, vesicles, pustules, scales and crusts, and associated with more or less infiltration, itching, and discharge." I will modify by saying *usually* more or less discharge.

That may look very simple, but when you call to mind the fact that most of these same lesions and features are common to many other diseases of the skin, you can see it does not always make the diagnosis easy.

One point I noticed in the examination of the specialist was that while we common doctors would examine the mass of scabs or scales in a given case, he would go outside of that and hunt for the primary lesion and sometimes give most of

his attention to one or two little papulæ or vesicles. I offer this as a practical suggestion for you in examining your cases. You will understand that a given case of eczema does not always present a distinct variety, as papular, vesicular, etc., but may present several of the different features at the same time, or during different stages of the disease. There is no disease which has so many different types nor which takes on so many different peculiarities.

Let us now notice briefly the different varieties. Eczema Erythematosum is one type in which the *lesion remains usually the same throughout the course of the disease*. It begins as an erythematous patch of variable size and any shape, with *undefined outlines*, and from being almost imperceptible to that of a red or violaceous hue, *without the characteristic discharge*, and the skin will become hard and dry in course of time. Itching and burning sensations are present. Its most common seats are the face and genitalia, though it may attack other parts. It usually occurs in middle aged and old persons. When it occurs on surfaces subject to friction, it becomes excoriated and is what is called Eczema Intertrigo. It has its periods of better and worse.

ECZEMA VESICULOSUM.

Begins with minute vesicles on an inflamed base, with irregular borders. The vesicles scattering, or may coalesce. In size, from that of a pin point to that of a match point. It is unnecessary for me to describe the different stages of this type which is most familiar to you. The mistake which I want to call your attention to in connection with this is that many physicians *base their diagnosis of eczema* on the discovery of this characteristic lesion and the catarrhal

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discharge. The formation of vesicles and other lesions following is only one manifestation, or one of the successive stages of this variable disease.

This form of the disease may present nearly all the types during its course, erythema, papules, vesicles, pustules, crusts and scales. Of course, with all the subjective symptoms of the disease. It occurs on the face of adults as well as children, and may occur on any or all parts of the body. Sometimes swelling and infiltration are considerable and might be mistaken for erysipelas.

ECZEMA PUSTULOSUM.

Also called Impetiginous Eczema, from its resemblance to impetigo. The lesions may develop as pustules or may follow the erythematous, papular or vesicular variety. More commonly the latter, with which they are often commingled. On rupturing, an ichorous secretion is poured out which dries into greenish yellow, or dark-colored scabs and crusts, which become friable, and on falling off leave a red, tender, irritable surface. On the scalp becoming mixed with glandular secretions and dirt, it produces intense itching, a rancid odor and not a very inviting case for the doctor, except from the standpoint of human sympathy. This form occurs most commonly in the debilitated and those poorly fed and cared for. It may occur on any part of the body, but is usually confined to a limited surface. The neighboring lymphatic glands become swollen.

ECZEMA PAPULOSUM.

In this form the prevailing lesions are papules, but vesicles and even pustules may be associated with it. The *papules come quickly*. Vary in tinges of red, small, scattered, or in patches. The subjective symptoms, itching, etc., are most violent in this form, so much so that it is often difficult to discover the original lesion of the disease on account of lacerations from scratching. It occurs usually in adults and the aged.

We will pass briefly over eczema fissum, a chronic form of the disease, occurring on much-used portions, as the hands, and eczema squamosum, in which exfoliation of scales is a prominent feature, and notice briefly.

ECZEMA RUBRUM,

which is the most severe form of the disease. The eruption is preceded a day or two by itching and constitutional symptoms, as Malaise fever, etc., and in drunkards even delirium and extreme nervous manifestations. These all disappear as the eruption appears. It may result from any of the other forms mentioned, and is characterized by red, weeping, hot, tumefied condition, and at times covered with a sero-purulent exudation which will dry into yellowish or dark crusts, which on being removed leave a red, angry, weeping surface. It becomes hard and dry, chronic and obstinate. Most commonly follows the erythematous variety. It occurs in the flexures of the body, but may occur on the head and face of infants and the lower extremities of the aged.

It has seemed necessary thus to notice some of the general features of eczema, but time will not permit the noticing separately the local forms of the disease. So we will only notice some of the common difficulties of differentiation. You are aware that in its various types and stages it simulates almost all other diseases of the skin. But while it has many features in common, it has some phases differing from all other diseases. First, infiltration and thickening are present in almost every case and stage. Redness and itching are always present in some degree. The continuous exudation in most cases, at least during some stage of the disease. This, in fact, is a symptom seen only in eczema. An exudation in greater or less quantities of a clear, milky or yellow and sometimes bloody, exudate, which quickly dries into brownish crusts.

Ecze^ma is distinguished from erysipe^las by the more severe constitutional symptoms in the latter, by the fact that the constitutional symptoms do not subside with the appearance of the eruption; there is no exudation except late in the disease from rupture of vesicles; it spreads rapidly, invades the scalp or any adjacent surface, and the smarting, burning sensations are different.

Psoriasis has more defined outlines; has no exudations. Scales are a peculiar whitish, dry, abundant, and easily removed, leaving exposed a bleeding chorium. *Psoriasis* invades by preference the scalp and extension surfaces. Ecze^ma prefers the flexor. Patches of *psoriasis* tend to clear or heal in the center. Ecze^ma does not. Ecze^ma shades into the healthy skin. *Psoriasis* has definite outlines.

In excluding syphilitic eruptions, it is not necessary for me to say that the history of the case and all other evidences of the disease should be carefully investigated. The papular syphilide may be mistaken for papular ecze^ma, but the papular syphilide is more uniform over the body, but develops in clusters. The itching is absent or less. Ecze^ma is more localized and more commonly the papules develop into vesicles.

Syphilitic eruptions of the scalp are pustular, or with red and raw patches with adherent crusts and some superficial ulceration. Cicatrices can sometimes be seen, and there is present an unpleasant odor different from ecze^ma.

Scabies is sometimes difficult to exclude, but the vesicles are more scattered, not so confluent, and if not destroyed by scratching have connected with them little black lines, at the end of which the mites are imbedded and may be detected by the aid of the microscope. But frequently we will have to depend largely on the history, contagiousness, and the localities, principally affected, such as between the fingers,

toes, anterior surfaces of the arms, axilla, breasts and the buttocks of children. But sometimes the scratching and applications used have so masked the original appearance of the disease that we have to decide by testing the results of treatment. Paraciticides will not improve and likely will aggravate the ecze^ma, while if the case be scabies a few days' use of well-selected ones will very much improve it. With due care in examination, however, the mistake will seldom be made.

Sycosis of the beard resembles ecze^ma, but remember that sycosis begins in the deeper structures around the roots of the hairs, while ecze^ma begins superficially. Sycosis produces more pustulation. Ecze^ma more scabbing. In sycosis the roots of the hairs are loosened and easily extracted. In ecze^ma, extraction is difficult and painful. Sycosis is confined to the hairy parts of the face, while ecze^ma will likely extend to other parts.

Seborrhea capitis may be mistaken for ecze^ma. But seborrhea has no exudation, simply flat, yellow or dirty-colored greasy crusts, which on removal have no inflamed base. The scales are more abundant than in ecze^ma. In seborrhea oleosa, there is a discharge, but it is oily, while in ecze^ma it is sticky and plastic. Of course, the two diseases may co-exist, or one may excite the other.

While there are numerous other diseases that may at times give rise to difficulty in differentiating, those mentioned are the most common. I will mention one other, that is, dermatitis. Especially that produced by the toxicodendric acid contained in *rhus toxicodendron* and other species. Sometimes this is difficult and requires careful inquiry into the history of the case. The dermatitis usually spreads more rapidly than ecze^ma. There is frequently found larger vesicles, and even blebs, that are not seen in the simple ecze^ma.

On the treatment of the disease, I cannot do more than make a few general remarks. It would require a lengthy paper to discuss it fully. The plan of treatment depends largely upon the causes and conditions under which it occurs, as well as the stage and type of the disease. The question of the parasitic nature of the disease has been extensively discussed, and while usually various micro-organisms are found, I think the evidence is negative, unless possibly in seborrhoeic eczema. The question as to whether treatment should be principally constitutional or local, I would answer by saying sometimes one and sometimes the other is more important, and that usually, especially in chronic forms, both are necessary.

Besides hereditary influences, some of the constitutional conditions predisposing to the disease are gout, rheumatism, disorders of digestion, of assimilation, struma, general debility, loss of nervous tone and dentition. Deficiency in kidney and bowel action are common, especially in elderly people. Immoderate habits in the use of certain foods and drinks, as well as overwork, mental strain and other violations of health laws, are causative factors.

So all these etiological factors must be carefully investigated and the hygienic and constitutional treatment prescribed accordingly. Diet should be plain and simple, milk, eggs, light fresh meats and fish, a few fresh vegetables, plenty of fats, as butter, etc., and cereals containing abundance of phosphates, may cover the list. Some things to be avoided may be specified, such as pork, salted meats, rich roasts, gravies, cheese, pastries, strong acids, acid fruits, sauces, condiments, beer, wine, spirits and excesses of tea and coffee. I will mention asparagus, cucumbers and pickles also as being objectionable.

In some digestive troubles, with excessive acid secretions, Nucis

Vom. with Alk. Elix Rhei, with pancreatine forms a useful combination. Other tonics, such as the vegetable bitters, quinine, iron, manganese are often indicated. Arsenic is a useful or harmful remedy, according to the judgment exercised in the selection of cases to which it is adapted. Generally speaking, in all acute cases, in acute exacerbations of chronic cases, or when the disease is spreading or of an active character, it is contra-indicated, and useful in old, sluggish, dry, scaly and chronic papular cases. Other constitutional remedies, such as alteratives, diuretics, laxatives, I can only take time to say, as indicated. I would like to mention F. E. Hoang Nan in small doses, combined with Taraxicum and a little cascara, where an alterative and simple laxative is needed, which often is. Also that I think belladonna in such combinations often has a fine effect when exudation and itching are marked.

Local treatment should be in accordance with the stage and type of the disease. One of the most common mistakes, as I have observed, is the prescribing of stimulating ointments and lotions, such as tar, creolin, etc., in all chronic eczemas, regardless of acute exacerbations, inflammatory and irritable conditions of the skin. I call to mind one case in an old man who had been the round of three physicians and all had made this mistake. Such conditions in chronic cases require soothing applications, such as carb. zinc or lead, starch bismuth, oxid. zinc, etc., same as acute cases. A little camphor, menthol, creosote or oil of chamomile, will aid materially in relieving the itching. Bromides, chloral, belladonna, etc., internally, is sometimes required. Scratching should be prevented. Plain water is to be used as little as possible in acute, on inflamed and excoriated surfaces, but soothing lotions, such as rice water, with little carbolic or boric acid, is useful,

and in chronic cases continuous applications of hot water for fifteen to thirty minutes, I have found very useful. Hot rice water, with a little boric acid and witch hazel, makes a good application to be followed immediately by suitable medication.

The form of medication should be selected which seems most suitable to the conditions present or changed according to effect produced. Ointments and oils are most generally useful and convenient, especially in chronic, dry, scaly and sluggish conditions. Powders are appropriate in eczema intertrigo, erythematous and irritated conditions; while

lotions, besides being useful for cleansing, are often useful, especially in some papular and vesicular cases, and as a vehicle for soothing antiseptic and a stringent medication.

When all acute symptoms are absent then stimulating applications of appropriate strength are necessary, of which I believe the best in most cases is tar in some form. Lead and mercury are good, and there are many others, but I cannot go into details.

With careful observation and study of your cases and perseverance, you will be rewarded with success, in most cases.

THE SURGICAL TREATMENT OF CANCER OF THE PYLORUS.*

ANDREW STEWART LOBINGIER, M.D., LOS ANGELES.

Cancer of the stomach continues to be one of the great surgical problems. Its solution is yet full of difficulties. The latest and best analytical methods of the internist are still helpless in too large a number of cases.

Accurate and dependable data for a definite medical diagnosis should be at hand; but clinical evidence and the exploratory incision are still the refuge in many cases defying other means of analysis.

One of the most distinguished of American surgeons has recently said: "Improvement in the medical diagnosis (of gastric cancer) has, in the last decade, been immaterial, so far as positive knowledge is concerned, and does not promise much for the immediate future."—(J. B. Murphy, *Annals of Surgery*, Dec., 1903.)

Another, equally noted, within the month has said: "Laboratory methods of diagnosis are chiefly based upon chemistry of the gastric secretions (test meals and the like) and the microscopi-

cal examinations and chemical reactions of gastric 'findings,' as well as the urine, feces and blood. In the surgical stage these examinations have little value, but gain in their diagnostic importance with the progress of the disease, to become of the greatest value only when the patient is in a hopeless condition. . . . The examination of somewhat over 1500 stomach and duodenal cases, of which 430 came to operative demonstration, showed this beyond question. These examinations should be made, but exploration should not be delayed by reason of the inconclusive nature of the results."—(W. J. Mayo, *Annals of Surgery*, March, 1904.)

There can be no doubt but these conclusions fairly represent the surgical opinion in this country today concerning the accepted medical methods for early diagnosis of cancer of the stomach.

How to see and diagnose these cases early enough to do them definite and lasting good is the problem which confronts us. There is scarcely a surgeon

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of experience who has not had occasion time and again to deplore the lateness with which patients suffering from stomach trouble presented themselves for operative relief. If we are to reach this subject with any degree of helpfulness and efficiency we must have the fullest co-operation of the general practitioner in the detection of earlier symptoms. In a patient past 35 who presents a history of adynamia, loss of appetite, fermentation, loss of weight, impaired motility, gastrectasia, or possibly evidences of a previous ulcer—the internist, having excluded from this symptom complex other conditions, which might simulate it, should at once suspect grave changes in the gastric mucosa.

We cannot dwell here on the folly of waiting for vomiting or tumor, or evidence of pyloric obstruction, to make a diagnosis. Our brethren in medicine should remember when that stage is reached the case has practically ceased to be surgical—certainly, in so far as greatly prolonging life is concerned. It must be brought home to us all, that the time to operate on cancer of the pylorus is before the malignant cells have become disseminated through the lymph channels beyond the reach of successful excision. However platitudinous this statement may sound, in it lies the success of our efforts. The doctrines of early diagnosis and prompt surgical remedy nowhere demand greater emphasis than in cancer of the stomach. If this diagnosis proves impossible by accepted modern methods of medical analysis, then the surgeon has a right to expect the internist to ask for an exploratory incision and a visual inspection of the stomach.

This is not only a privilege of the general practitioner, but in the light of our present knowledge it is his positive duty. For in the hands of the surgeon who is qualified to do gastric surgery, the exploratory operation has practically

no mortality; and many a life might be greatly prolonged by its skillful and intelligent performance.

As a factor in determining the true pathologic condition, a history of ulcer has already been alluded to as of prime importance. When it is remembered that 40 per cent. of all carcinomata occur in the stomach, and that many cases are directly traceable to chronic ulcer, the significance of this lesion becomes at once apparent in its bearing on diagnosis.

Mayo found in a series of 145 cases of cancer of the stomach a history of ulcer in 60 per cent.

Hauser noted 6 per cent., and Lebert 9 per cent. as occurring in the actual site of chronic ulcers.

I have seen in the clinics of Robson and Moynihan at Leeds, and of Czerny and Petersen at Heidelberg, mural eschars and cicatrices from ancient multiple ulcers which had so changed the gastric musculature as to not only seriously interfere with motility, but with glandular activity as well. It is not difficult to carry this picture of living pathology a step farther and conceive what actually occurs in many cases—the development of carcinoma, either in the neighborhood or in the very site of these healed ulcers.

Murphy has very properly called our attention to the fact that post-mortem findings are of slight value in the solution of our difficulties in diagnosis, as compared with the instructive pathologic appearances revealed by an exploratory operation.

Mikulicz, Czerny, Mayo and Rodman have noted the geography of ulcer in relation to surgical remedy. These observations apply with especial propriety to malignant ulceration involving the pyloric end of the stomach.

Of 1300 cases reported by Mikulicz, 60.8 per cent. were in the pylorus, 10.9 per cent. in the lesser curvature and 8.8 per cent. in the cardia.

Lebert found cancer in the pylorus in 54 per cent; in the lesser curvature in 16 per cent., and in the cardia in 9 per cent. Gussenbauer found the pylorus affected in 60 per cent., the fundus in 30 per cent. and the cardia in 10 per cent.

These clinical and pathological observations were entirely consistent with the brilliant studies of Cunéo on the lymphatic distribution in the stomach and the direction of the lymph current. He examined a large number of specimens of gastric carcinoma, with the following conclusions of especial surgical import:

(1.) He noted the early and wide extension of the malignant cells in the submucosa. While the zone of induration is clearly defined in the mucosa, the malignant cells do not stop there, but extend on to a wider periphery within the submucosa and still farther out lie as scattered islands of malignant infiltration. In the muscularis and serosa the zone is again contracted to even narrower boundaries than in the mucous membrane.

(2.) He noted the tendency of cancer to drift toward the lesser curvature, since the principal lymph current moves in that direction. This results in glandular enlargement in the nodes which are richly distributed through the gastro-hepatic omentum, along the lesser curvature from the pylorus to the cardia. Other currents are directed along the pyloric third of the greater curvature, draining into the chain of glands lying along the gastro-epiploica dextra. Still other lymphatics are in the great omentum and near the head of the pancreas.

In addition to metastasis through the lymph current, dissemination of malignant cells may occur through the blood current, where the vessel walls are involved, or metastasis may occur through the line of adhesions which frequently form in the peritoneum. We know also by clinical observation that malignant implantation may occur in the site of the abdominal wound.

The immunity of the duodenum from malignant invasion in cancers of the pylorus has been frequently noted, Rokitsansky and Brinton being among the earliest to draw our attention to this fact. There is a growing disposition among surgeons, however, to question this so-called "immunity," since a better knowledge of duodenal ulcers which occur in the upper and "acid" third of the canal has been acquired.

It should be remembered that the portion of the duodenum above the common duct is not bathed in an alkaline secretion, and hence is unprotected from the acid erosion and peptic change which may invade it equally with the pyloric end of the stomach.

There seems no anatomic or physiologic reason why malignant cells should not infiltrate the upper portion of the duodenum from the pylorus.

Mikulicz has recently called attention to the fact that recurrence after gastrectomy is due in many instances to an insufficient removal of duodenum.

Carle and Fantino have shown that islands of malignant cells are frequently left behind after excision, and that extension occurs through the submucosa or its lymph channels and not extrinsically.

Robson has therefore recommended that at least two centimeters of duodenum beyond the induration should be removed in operations for cancer of the pylorus.

Guided by the helpful studies of Cunéo, Hartman, Moynihan, Mikulicz and Mayo, have endeavored to determine clinically the zone of metastasis and to define the boundaries which should safely embrace all the malignant infiltration.

Mikulicz selected the site of entrance of the gastric artery as a boundary landmark at the cardia, and Hartman a similar landmark opposite on the great curvature at a point near the anastomosis of the right with the left gastro-

epiploic. The line which Hartman drew between these points is now known as the Mikulicz-Hartman line of election in gastrectomy. This line is not absolute as to its emergence on the greater curvature, since that must be determined by the occurrence of the last lymph node on the left. Neither can this boundary be absolute in its inclusion of all malignant infiltration, as has been explained. Its adaptation must be confined to those cases of cancer of the pylorus, whose infiltration boundaries are well within the limits of its particular geography.

Though more hazardous, as shown by the statistics of Mayo, there will be some cases requiring a more extensive incision, following the boundary marked out about the same time by Moynihan and Mayo, and followed by Vanderveer in his very remarkable case.

From what has been said, it will be readily apparent that the radical operation for cancer of the stomach is, as Mayo says, a composite, and to no one authority is the credit of the technique wholly due. Yet we know from his exceptional experience and results in gastric surgery that no other man in this country has done more than he to place the surgery of the stomach on a sound basis. If we are to be guided by the observations of Cunéo and recent clinical reports, then the operation of choice must lie between gastrectomy and gastroenterostomy, according to the extent of malignant invasion of the lymph glands.

I have purposely omitted the consideration of gastroduodenostomy and pylorotomy, since they offer but transient remedy in carcinoma of the pylorus, and are not adapted to the cure of malignant obstruction.

The presence of a tumor, fairly free from adhesions and without extensive metastasis, as we sometimes observe, need not preclude a gastrectomy, as Mayo has plainly demonstrated.

If the patient is seen so late in the progress of the disease as to be too weak to bear a radical operation, or if the extent of adhesions and lymphatic involvement make gastrectomy impracticable, then there remains, as a palliative measure gastroenterostomy, for the relief of vomiting and the distressing symptoms of obstruction. Even this operation may be impracticable, as we have had occasion to observe in several patients who came very late and in another in which malignancy was extremely acute.

The technique of gastrectomy, as described by Mayo, is simple, but radical. It consists in tying off the gastrohepatic omentum and dividing it high up near the liver; ligating the gastric artery and the superior pyloric artery; double clamping and dividing the duodenum with a cautery knife, and inverting it; ligating the gastro-epiploica dextra; tying off the gastrocolic omentum, and dividing it from right to left as far as the gastro-epiploica sinistra and tying this artery; double clamping the stomach with curved Kocher clamps; dividing it with a cautery knife; stitching the stump with lockstitch catgut and inverting it with an angular Cushing or a continuous Pagenstecher. Finally, a gastro-jejunostomy is made by uniting the intestine posteriorly to the dependent portion of the gastric stump, after the Czerny-Petersen technique.

Should a primary gastroenterostomy be determined on as a palliative measure in an otherwise inoperable case, it should be done rapidly by the Petersen method, with the Murphy button. This technique consists in tearing through the meso colon as in a Von Hacker and attaching the jejunum to the posterior wall of the stomach by a transverse incision in the gut three inches from its origin.

The patient should receive every possible protection against shock by proper

preparation before and supporting measures during operation.

Partial gastrectomy is an operation which will grow in favor as the conditions indicating it are more carefully studied. It affords a hope in early cases of staying the progress and recurrence of the disease indefinitely, and in most

operable cases prolongs life one to three years.

The mortality is sufficiently low in skilled hands to justify its adoption in selected cases, and to foster the hope that the hitherto gloomy outlook for cancer of the stomach may be succeeded by brighter days.

PUERPERAL ECLAMPSIA.*

BY T. M. BLYTHE, M.D., REDLANDS, CAL.

To every practitioner of medicine sooner or later must inevitably come the very trying ordeal of caring for the eclamptic patient; and when that time comes, unfortunate indeed is the man who is not equipped and ready to meet the emergency confronting him, without fear or trembling, but with energy, caution, skill, and a thorough knowledge of all that it is possible for him to acquire by study and by the experience of others. This disease may be defined as a symptomatic disorder characterized by convulsions of an epileptiform nature occurring prior to, during or after labor. To the painstaking physician—him who systematically examines the urine of every patient under his care during gestation at intervals of a few weeks—this disease will rarely come without his anticipating it, and, we trust, being ready to meet it, excepting in those cases, all too frequent, when the poor, ignorant, or all too-improvident patient, being pregnant, fails to consult a physician and goes from month to month, until, perhaps in the middle of the night, she awakens those near her, the awful symptom appearing proclaiming the onset of trouble menacing the reason and life of the mother and death of the foetus. The urinary excretion, being carefully examined, may show albumen, casts of various kinds, and imperfect urinary elimination, especially as regards urea; and with these there may be

symptoms as follows: Headache, partial blindness, nausea, sometimes vomiting, oedema—possibly indistinct, but nevertheless present. These are the heralds which inform the watchful man of an approaching storm, and call for measures—to be enumerated—tending to ward off the attack.

Etiologically and pathologically our knowledge of this condition is unsatisfactory indeed. Every woman with albuminuria and evidence of organic structural disease of the kidneys does not have eclampsia. But there is reason to believe that in certain nervous temperaments a convulsive storm breaks forth when the systemic metabolism is disturbed. When, for one reason or another, the tissue waste and the elimination of that waste is not finely balanced, then a susceptible patient will succumb. Theories have been advanced appealing to some, but by most observers and students not seriously entertained: For instance, that the gravid uterus, by pressure on the ureters, kidneys and renal vessels, causes eclampsia; that albuminuria evidences such a condition existing in the parenchyma of the kidney as to preclude the possibility of the patient escaping the disease. But facts will not bear out such a theory. Hepatic alteration noticed post-mortem, such as fatty degeneration of cells, dilated capillaries and necrosed hepatic

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structure, will not suffice as explaining the attack, for they are often absent when no convulsions occur, and often present when no convulsions occur. But remember, if in infancy a child has one convulsion, by reason of intestinal irritation, acute infectious poison or other cause, that child is rendered more liable to renewed convulsive explosion. The epileptic, as time goes, increases the number of seizures because the stability of his nervous organism is lost, unless measures to benumb his nervous sensibility may happily establish an equilibrium. And so we think that, etiologically and pathologically, we must consider the personal susceptibility of the individual, and find out, if we can, how much of inherent resistance she may possess to guard against the effect on her nervous system of a greater or less disturbance, relatively, of waste and elimination. That the bile acids of the foetal meconium during gestation exert an influence tending to the production of toxicity in the blood of the mother seems supported by the fact that the foetal death stops the convulsion and the albuminuria ceases. The strongest evidence, however, favoring the theory of toxæmia is furnished by careful experimentation with the urine and blood of the eclamptic patient, showing decreased toxicity of the urine and increased toxicity of the blood. It is physiologically known that pregnancy causes very great increase of cell activity, and naturally a corresponding increase in elimination must exist, or else the nervous system most susceptible to disturbed equilibrium must suffer; and this undoubtedly is the case.

The prognosis is grave, and the friends should from the first be made acquainted with the gravity of the case. We congratulate ourselves today that the mortality has decreased from 30 per cent. a few years ago to probably not to exceed 20 per cent. today, and many statistics

will show a very much lower death-rate. The foregoing mortality estimate refers, of course, to the mother. Eclampsia occurring prior to the commencement of labor is most fatal—viz., 30 per cent.; during labor the mortality is 19 per cent., and after labor, 14 per cent.

Treatment is prophylactic, medicinal and surgical. When urinary examination reveals an altered chemical condition, as evidenced by albuminuria, deficient urea, etc., and microscopic evidence of structural kidney disease, then measures to encourage skin and bowel activity should be resorted to and a rigid milk diet should be enforced. And don't discontinue the milk diet because the albuminuria continues. The old treatment by chloroform inhalation, rectal use of chloral and bromides and subcutaneous injection of morphine and pilocarpine, has been altered—we think wisely—by eliminating the fraught-with-danger-drug pilocarpine and substituting persistent rectal or subcutaneous use of normal salt solution. We think there is an incompatibility between the modern explanation of the cause of eclampsia, viz., toxæmia, and the use of morphine. The immediate effect of quieting the patient is satisfactory; but what of the remote interference with elimination? We feel that chloroform, bromides and chloral, used as indicated, and, if possible, to the point of controlling the convulsions, are in accord with our present understanding of the cause of this disease. No one can question the advisability of normal salt solution. The use of veratrum viride is recommended by many and is worthy of trial. In suitable cases, viz., those with rapid, full pulse, used to the point of reducing the pulse-rate to 60 or less, in heroic doses—10 to 20 minims of tincture, repeated within an hour, until the pulse-rate is reduced—it is claimed to render venesection unnecessary by "bleeding the patient into her own blood vessels,"

which is a very happy way of summing up the effect of *veratrum viride*, and may contain a measure of truth. Doubtless this remedy does exercise a good influence over the urinary secretion. With regard to venesection, it should be resorted to in certain cases, where the blood pressure is too great, and carried to the point of faintness, and then be followed by the free use of normal salt solution. If the measures outlined above fail to accomplish satisfactory results, it is necessary to bring the patient thoroughly under chloroform and artificially dilate the cervix sufficiently to enable the operator to withdraw his hand from the uterine cavity when the fingers are forcibly flexed and the fist can be inserted with ease; then elect whether to perform version and deliver rapidly by the feet, or to use forceps. This procedure

may be accomplished with or without haste, according to the urgency of the symptoms.

If convulsions occur before labor commences, prompt evacuation of the uterus will probably be necessary. If convulsions occur during labor, we may at least allow time for natural cervical dilation to occur. If convulsions occur after labor is completed, of course, only medicinal, dietetic and hygienic measures are thought of. After-treatment will consist in rational measures: sufficient sedative medication, especially bromides and chloral, to quiet the patient; thorough and continuous use of normal salt solution to stimulate excretion; careful attention to the bowels; liquid diet, especially milk, warm always; avoidance of shock; mental quiet.

THE ROLE OF HEREDITY IN DISEASE.*

BY MARY E. D. DENNIS, A.M., M.D., LOS ANGELES.

Parenthood brings many responsibilities. Every child has transmitted to it physical and psychical qualities from its ancestors. Our natures are naturally divided into three parts: the mental, moral and physical; the basis of each of these we bring into the world with us. If we could be born equal and under similar conditions, then each would make the same start in the race of life. It has long been said: "To properly educate a child, we should begin at least a hundred years before the child is born."

Much has been done for the mental development of our race. Free schools and equipments are provided, not only in our cities, but in every rural district. No boy or girl who is at all ambitious, but can readily obtain a higher education than is afforded by the public schools. Schools of higher attainments are every

year becoming more open to all who wish to enter. Such philanthropists as Mrs. Stanford, Mrs. Hearst and Mr. Rockefeller are opening new channels and vistas for the advance of the young. Fellowships are endowed in many colleges, and bureaus for assisting poor students are almost ubiquitous. With all these advantages, some will not avail themselves of the opportunities to obtain the education and training so essential to the mental nature of a good citizen. If people observe careless, thoughtless parents obstructing the mental development of their offspring, the public has the right to interfere and the child's mental nature can yet be developed.

Indeed, so strong is this sentiment, that in most States we have *laws* of compulsory education. This is right. That State can only reach the highest

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pinnacle whose people exercise an intelligent suffrage.

The moral training and tendencies of our youth are of much more importance than their mental equipments. In all schools morals are taught—lessons of justice, truth, honesty and patriotism are early instilled in the minds of the young. Where is the mother who does not at least endeavor to give her children a foundation of the principles of equity and probity. To further this cause churches are maintained, clubs and lodges are organized to teach fraternity. While a child may be born with a hereditary tendency to evil, yet much may be accomplished in eliminating this by training and environment. It is wrong for us as a nation to allow our children to be surrounded by crime and immorality. Children born in dens of vice should not remain there. Parents have a claim on the child, but the State, too, has a claim on the future citizen. She takes the grown son for her armies, her navies and her defense. She should claim the young from the clutches of its enemies, for its defense and culture. A citizen of the United States, assaulted and wronged in a foreign land, can demand his protection by his native land, by wrapping around his body the flag he loves; but the young child has little defense and protection from the enemies that attack, corrupt and wrong his moral nature.

Each child should have an equal chance for physical development; all should have a chance for strong constitutions and healthy bodies. A person who is a mental wreck, an idiot or insane, would not under public opinion be allowed to marry and bestow the same weak qualities of mind upon an innocent progeny. A man who is a moral wreck is shut up away from society and not allowed to marry. While the question of the heredity of crime is not fully demonstrable, yet under our laws the very fact

that a man is a criminal is, in the sight of the law, a sufficient cause for dissolving any marriage vows he may have taken. Many believe that upon the second conviction of crime, the felon should be emasculated, and thus certainly prevent the propagation of a race doomed to follow in the wickedness of its progenitors.

But how about the *physical wrecks*? Here we see a sickly sentimentality displayed. A man or woman in the last stages of tuberculosis will marry and bestow all the tendencies of that scourge upon their offspring. Those whose entire systems are pervaded and undermined with the germs of loathsome venereal disease, marry and directly propagate those diseases. Nature kindly blights many of these diseased ova and the benign abortion saves a suffering mortal's struggle to exist.

There are many diseases known to be hereditary. If you eliminate the acute, contagious diseases, nine-tenths of all that are left are the direct or indirect result of the transmission of family characteristics and traits. We see families for five and six generations living the same lives, dying the same deaths, and what are we doing to improve the strain? There is no organ in the body that cannot follow the example of the parent's disease. There are many conditions that are already recognized as being hereditary. We glibly refer to the hemorrhagic, the uric acid and the strumous diatheses, and state these conditions may be acquired or are hereditary. The hypermetropic eye of the parent is not improved in the children. The weakened heart of over-worked mother cannot supply sufficient nourishment to produce a perfect organ in her child. "The iniquities of the parents are visited upon the children to the third and fourth generation." Let us read, rather, the *diseases* of the parents are transmitted to their children to the end

of all time. The children born of nervous or insane parents and those of parents of advanced age, are all especially prone to functional disturbances of the heart. Digestive troubles arise from faulty livers. Lithemia and allied derangements of metabolism and excretion are all born with the child. With all these forces working against us, the wonder is that any child can attain its majority.

There are many diseases that may be hereditary that have not as yet been proven to be so.

Mr. Clubb of Lowestoft has given us a curious history of what we may call a *stone* family. Of this twenty-two members passed either stone or large quantities of gravel. We cannot definitely say that this was a family trait, as it may have been due to some external cause in their surroundings, but is it not more probable that it was some fault of the blood and kidneys, either of metabolism or elimination. Chronic ear troubles are among the descendants of many families. Indeed, little attention is often paid to the earache of children, the question being put away with the remark, "I always had risings in my ears when a child," or "our family all have had ears."

The only known cause of diabetes in children is given by some writers as heredity. We have all seen numerous examples of hereditary syphilis, transmitted to the child at impregnation from a syphilitic father, or acquired during intra-uterine life from a diseased mother. If all could be demonstrated as easily as this, many obscure points would be cleared up.

Hereditary ataxia, also known as "Friedreich's disease," is described as a spinal sclerosis, with marked hereditary tendency, transmitted from generation to generation, either in the same force or a related selero-neurotic disease, with an ever-increasing susceptibility; in the later

generations it shows a marked tendency to appear at a constantly earlier period of life. All forms of tumors have been found in many members of the same family. Of cancer, about 7 per cent. are thought to be hereditary, while of the other forms the ratio has not yet been ascertained. The nervous diseases are the same. Rheumatism and gout are as well and as easily demonstrated as syphilis. The gouty ancestor—the nervous child suffering from chorea or tonsilitis.

Some diseases take the same form in each generation, while others become modified or increased. The chronic alcoholic begets the epileptic, or the child whose arteries early show a sclerotic tendency; the symptoms may be many times similar, but known by different names, as the kleptomaniac in the well-to-do family is identical with the thief of the slums. Therefore, from these examples we readily see that the subject of heredity has two aspects:

First—The transmission between similars, as the hysterical parent, the hysterical child.

Second—The transmission by transformation, as the insane parent, or one suffering from some grave nervous disease—the hysterical child. The second, although not the most common, not the most readily recognized, is yet by far of the greater importance.

All of these illustrate the binding link between neuroses and diseases, and only demonstrate the need of a scientific investigation of many of the remote causes of disease. We see the child suffering from migraine, but how often do we stop to consider that *heredity* is the most important, predisposing cause. Idiocy, cretinism and all forms of mental deficiency are transmitted with no more effort on nature's part than to produce the Roman nose or high forehead of the old patrician family. In tubercular patients among the first questions we ask are those about the family history, as

heredity is considered one of the great predisposing causes of the "white scourge." Should we not inquire as faithfully for other conditions that may usually be concealed or overlooked?

We could go on indefinitely with instances of the laws that we already know, or that have been so well demonstrated that we believe them to be facts. To be able to discover the etiology of disease is to give us a chance to eliminate the disease. When we have isolated a germ, the next thing is to produce an anti-toxine that will destroy the germ. What a marvelous thing it would be if heredity could be proven a germ, but as it has its existence in laws and not in examples, we must rather tend to the knowledge and fulfillment of those laws with the knowledge of all that this subject means to the future generations; the vital question presents itself—What can we, as the guardians of the public health, do to lessen the number of diseases, or mitigate the form of evil that is to be handed down to future generations?

We can do much to educate the masses, and it is only with the acquiescence and assistance of the laity that much can be accomplished. We have laws of compulsory education; we have the juvenile court of detention and curfew laws for compulsory morality. We have strict quarantine laws of acute contagious disease, and compulsory vaccination for the prevention of smallpox, but for the prevention of hereditary disease we have much to be desired.

First of all, we need a national marriage law. Let each one who desires to enter marital relations undergo a strict physical examination, and require a certificate that such a one is physically qualified to propagate the race. Such a law as this has been passed by several States and is now pending before the Legislatures of several others, but this is a question for national consideration. The policeman on his beat, the soldiers in

our army, our sailors and marines are all required to be in the best physical condition to enable them to serve the nation, but the ones who are to reproduce our living heroes that in future years shall guide the ship of state, are not required by the nation to have any standard of physical perfectness. The Greeks and savage nations of all ages have realized the necessity of such regulation, when they caused to be put to death the weaklings born in their midst; that was only an expedient to make the nation strong. No blows were by that means struck at the foundation of the evil. The consanguineous marriages should be abolished, as a taint of blood is only exaggerated by mixing again with the same kind.

The greatest field of medicine is preventive medicine, and in this one has great leeway, as few are devoting their time to the prevention of hereditary disease. When the fathers and mothers of our land instill morality into the minds of their boys and girls, when these grown to manhood and womanhood shall live pure, true lives, then we may see a change in the conditions that surround us, and one large branch of disease will cease to be handed down to future generations. It is the duty of the State to see that each child has an equal chance to develop its mental, moral and physical natures. When this is accomplished, we can well say with one of our modern writers: "The three fates that spin the tale of the years are Education, Environment and Heredity."

We cannot run a matrimonial bureau, but we can kindly give now and then a few hints that will aid the young in the choice of a mate. The parts of all natures are so closely allied, that we must at times turn moral teachers. No one with unhealthy morals can be a perfect physical being. Much can be done by regulating the lives of parents to produce fine offspring. Men devote their whole lives to the production of a race.

horse, but is it not of far greater importance to produce a statesman? That nation will be greatest who earliest recognizes that great men cannot be cultivated, but must be born. The busy practitioner, who has no time even to rest, cannot accomplish the elimination of all these things in one generation,

but may we not, like the coral, add our life and work to the reef that will at last shut out the waves of that mighty ocean—disease—that undermines and saps the strength of those who are destined to be not forgotten, but remembered, when time and sense are no more.

May, 1904.

VACCINATION.*

BY EDWARD VON ADELUNG, M. D., HEALTH OFFICER, OAKLAND.

Because of its mild character, the present epidemic of smallpox in the United States is fraught with several difficulties, among which is that of getting people vaccinated. The affection is so mild that it is not accompanied with fear enough to induce unprotected persons to undergo inoculation. On the contrary, instead of a wholesome fear of the disease, their minds are impressed rather by the terrors of vaccination. Although anti-vaccination societies exert considerable influence in some of the Eastern States, their influence is fortunately not felt in California. Yet, a very decided obstacle to general vaccination exists here in the traditions which are so alive in the lay mind, of sore arms, serious infections, "blood-poisoning," continued bad constitutional effects, amputations, and deaths—attributed to vaccination. And although it is not a difficult matter to prove the prophylactic virtues of vaccination by indubitable statistics, covering hundreds of thousands of cases, such proofs avail but little with the layman when confronted by a personal knowledge of a single case of blood-poisoning, or of some one of the various accidents which, it must be confessed, have occurred at various times, as the result of vaccination.

The purpose of this paper is to inquire into the likelihood of such accidents at present, their causes, and how such accidents can be avoided. And thus, if

possible, to attain a better position than we now occupy in approximating the ideal vaccination, and in gaining the confidence of the public in this valuable prophylactic measure.

The history of vaccination is extremely interesting. But a review of it would lengthen this paper unnecessarily, and would conduct one over ground familiar to all of you. So, too, statistics corroborative of the efficiency of vaccination as a prophylactic measure against smallpox, though attractive, would be superfluous in this presence.

WHAT IS VACCINATION?

One of the most interesting questions in relation to vaccination is "what is it?" In broad terms, why does the specific disease (the inoculation of which is called vaccinating) protect the human body against the disease known as variola? Concisely, how does vaccinia protect against smallpox? An answer to the question requires a knowledge of the nature of both diseases. Until quite recently the contagium of neither disease was known. But for years those who have had wide experience on vaccine farms have held that cowpox is nothing but smallpox in the cow; that cowpox and smallpox are the same disease, varying only according to the animal in which it occurs; that vaccinia is merely the disease that results from inoculating man with smallpox virus after passing it through the cow.

*Read at the Sanitary Conference at Paso Robles, April 18, 1904.

THE CYTORYCTES VACCINAE.

And this appears to be correct; for it is borne out by the announcement of W. T. Councilman and others (1903,) that the organisms of vaccinia and of smallpox are identical, i. e., the cytoryctes vaccinae.

THE PRINCIPLE OF VACCINATION.

It is one of the principles of immunization that modified germs of a communicable disease may produce immunity even though they do not excite the disease itself. An attenuated bacillus of a disease may cause a mild infection which protects against the most virulent form. Thus, it appears that in vaccination, we are proceeding on the same biological principles involved in the discoveries of Pasteur relative to anthrax and rabies. You will readily recall other examples of the protective influence exerted by attenuated bacteria and viruses. It is on this principle that we can understand how vaccine virus taken from a cowpox eruption protects man against smallpox by producing the disease vaccinia, for the germ of vaccinia, though identical with that of smallpox, is attenuated by its life in the heifer. Thus, Councilman and his associates appear to have completed the chain of evidence, and to have rendered clear the principle of vaccination.

But it is common knowledge that virus from a heifer contains not only the cytoryctes vaccinae, but a large number of adventitious bacteria, derived from the skin of the heifer and other sources. True it is, that many of these are benign, yet for obvious reasons a pure product is desirable.

This leads one to a consideration of the conditions essential to a successful vaccination, and how the chances of complications can be best minimized. For with a knowledge of the germ agent, if we can eliminate complications, vaccination becomes almost an ideal pro-

cedure. There appear to be three essentials in approximating the ideal vaccination:

1. Pure virus.
2. Correct technique.
3. Proper after-treatment.

BOVINE VIRUS.

Previous to 1798, and for some time after that date, nearly all vaccination was done with virus from human pustules. But largely on account of the danger of transmitting syphilis and tuberculosis, human virus has now been almost entirely superseded by bovine virus. The advantages of bovine virus are marked: It can be kept fresh for supply at all times, the health of the animal from which it is secured is under absolute control; it cannot carry human diseases, such as those mentioned, and it is far less likely to carry other diseases.

SOURCES OF BOVINE VIRUS.

There are, technically, three sources of bovine virus, depending upon which portion of the pustule of the heifer is taken. The three portions are usually spoken of as the crust (or scab,) the pulp (which lies beneath the crust,) and the lymph (which exudes when the pulp is removed.) Briefly, their characteristics are: The crust is most likely to contain infectious germs from the stable debris, air and hay; the pulp is the richest in vaccinal germs, but is also rich in pus corpuscles; the lymph is not as rich in vaccinal organisms, but is freest from contaminating germs. Some manufacturers claim that the lymph is the only source which should be used, but the majority employ the pulp and scab. Recent endeavor has been toward eliminating from the prepared virus all organisms except the vaccinal organism. And it is claimed, with apparently substantial bacteriological evidence, that while ordinary germicides kill the cytoryctes vaccinae as well as the contaminating bacteria, glycerine in 50 per cent. admixture

gradually kills the extraneous bacteria before rendering the vaccinal organism inert. So that the glycerinated virus, if allowed to stand, or ripen, for a certain time (four to eight weeks,) is found to be comparatively free from all contaminating germs, and yet to retain for some weeks subsequently its virility as a vaccine virus.

Thus one is forced to accept the claim that glycerinized virus is superior to the plain product. But it should always be understood that "green" or unripe glycerinized virus is fraught with the usual dangers, and also that over-ripe virus is likely to be inert. Commonly, the glycerinized virus packages are not marketed until ripe, and they also bear a date after which the virus is not guaranteed to be active, but is exchangeable without charge for fresh virus.

TETANUS.

The danger of contamination with tetanus germs has attracted much attention, and excited much fear. Rosenau's investigations (1903) indicate that minute quantities of the tetanus spores may persist virulent either on dry lymph points or in glycerinated virus; his conclusions seem to indicate that if virus is contaminated with tetanus spores, no method of rendering the virus safe has yet been devised. But it is important to mention here that, on the other hand, he failed to find any tetanus spores in a large number of specimens of virus obtained in the open market. Furthermore, it should be mentioned that each manufacturer, besides employing such preventive measures as cleanliness in caring for the animals, and asepsis in operating on them, tests every lot of virus before marketing it. Again, by an act of Congress approved July 1, 1902, government inspection and regulation are applied to the manufacture and sale of viruses, serums, etc., which, in the opinion of those competent to judge, is effectively enforced. So that the public appears to be adequately protected.

FORMS OF PACKAGES.

Of course, vaccine virus, whether fluid or dried, should be delivered in aseptic packages. The dried lymph on points should be enclosed in tubes or scabbards, well sealed; the fluid preparations, especially, should be packed in hermetically-sealed tubes. The old-fashioned, loose, dry ivory (bone) point which was commonly carried in the vest pocket, where it came into contact with various débris, is the only style that is to be unreservedly condemned. An all-glass package appears to offer the safest protection to the virus, although others may answer the purpose. The capillary tube, with rubber bulb ejector, is unhandy. The dried point requires dipping in water before use, and is liable to over-dilution thereby. The tube with a glass bulb, requiring the heat of a match to expel the virus, is decidedly cumbersome. The tube carrying virus for fifty inoculations, with a sliding cork for expelling a drop at a time, is rather unhandy, and is furthermore open to criticism from an aseptic standpoint. Undoubtedly, the glass point, with ripe, fluid glycerinized virus, hermetically sealed in a sterilized glass scabbard, presents the handiest and best package known to the writer.

ADVANTAGES OF THE GLASS POINT.

The advantages of the glass point are as follows: It is easily and perfectly sterilized by the manufacturers, which is not true of bone points. It is inexpensive, and forms a handier scarifying instrument than a needle. Sealed with paraffine or wax, the point is readily removed from its scabbard. Being charged with fluid virus, no water is necessary. The extremity of the glass point has been broken off, leaving two razor edges which form a perfect scarifying instrument. Thus, each point is an individual scarifier for each patient, and is far less likely to awaken fear than is either a

knife or a needle. So little pressure is required to scarify, that absolutely no pain is caused, and (an important point) the operation can be done nearly every time without drawing blood, a feat that is difficult, and sometimes impossible, when either a needle or a scalpel is employed. Furthermore, by holding the glass point vertical to the skin and scarifying by a rotary motion, the area to be denuded is readily limited to a circle, an eighth of an inch in diameter. Again, by turning the glass point so that its smooth edge lies on the skin, one has an excellent rubbing instrument with which to rub in the virus. The writer has carried out these details in hundreds of vaccinations, and has found them easy and successful. However, even this package is susceptible of further improvement, for the seal, done commonly with paraffine or wax, is frequently found to be imperfect, and therefore not aseptic. Occasionally, also, either the glass point or the scabard is too frail, and breaks. With a more perfect seal, and more uniformly thick glass, this package would meet all the requirements of a perfect package.

SITE.

In regard to the site of the inoculation, I am in accord with those who prefer the arm to the leg, believing that on the arm there is less danger of infection (especially in women and girls, whose skirts constantly raise dust,) and that healing occurs more rapidly, and with less inflammation.

SIMULTANEOUS INOCULATIONS.

Some of the European governments enforce simultaneous inoculations. But there is reason for believing that a "take" from a single inoculation is fully as protective as one from four or six simultaneous inoculations. But I have repeatedly noticed that multiple simultaneous inoculations succeed in producing a "take" on persons who have suc-

cessfully resisted five or six single inoculations.

PREPARATION OF SITE.

Among the important points in the technique of vaccination is the preparation of the site. And after reading and hearing all that can be said on the subject, the gist of the whole matter appears to be *cleanliness*. If antiseptics are used, unless they are carefully removed, they are liable to kill the virus, and thus do more harm than good. Some operators use soap and water, which is excellent. Some use alcohol or ether. Some use nothing at all. Others practice more or less elaborate steps in the preparation of the skin, but if one simply cleanses the skin, all is accomplished that can be. The author has been accustomed to scrub the arm a moment with alcohol, after which the arm is dried with another pledget of cotton. This is preferred to soap and water, because alcohol can be carried in the pocket and is always ready for use. Besides, it evaporates readily, and is not sloppy.

METHODS OF INOCULATION.

To inoculate properly, all that is required is to get the virus beneath the epidermis. And yet, to accomplish this small feat, a large number of procedures have been championed, mainly by their inventors. There are those who scarify with a lance, or incise, or puncture, or inject hypodermically, or scratch with a needle, or use caustic potash to remove the epidermis, or employ a spring scarifying instrument; and there are those who even blister the spot with a hot copper hammer made especially for the purpose, and kept in a pot of boiling water preparatory to the vaccinations. Here, again, in the technique, cleanliness or asepsis is the main point. If a needle is employed, the flame is the easiest means to sterilize it. A scalpel is not so easily sterilized, a spring instrument less so, and a hypodermic needle only with difficulty. Blistering

with a copper hammer is not attractive, especially to children and women.

THE BEST SCARIFIER.

Certainly the best scarifier is the aseptic glass point that comes sealed in its sterile glass scabbard, and charged with the virus. If another form of package is preferred, such as the capillary tube, then the needle passed through the flame would have my preference. (A cork makes an excellent handle for a needle.)

AREA DENUDED.

In scarifying, the denuding of a large area is unnecessary; it is painful, it leaves a large scar, and it attains no better success than a small abrasion, about three-sixteenths of an inch in diameter. And the depth of the scarification need be no more than is sufficient to remove the scarf-skin.

DRAWING BLOOD.

It is not necessary to draw blood, but in some cases difficult to avoid, especially if a needle is used. And while some assert that the drawing of blood encourages greater inflammation, such has not been my experience, but I am convinced that the chances of over-dilution are increased by drawing blood. Skins vary much in their texture; while the epidermis can be easily removed from some smooth skins, leaving the desired serum-wet surface; other tougher skins require considerable scratching before they show any effect, and frequently bleed later.

RUB THE VIRUS IN.

After scarifying, the application of the virus should not be done hurriedly. A few minutes devoted to rubbing and scratching in the virus are well spent. Contrary to the common direction, not to dismiss the patient until the vaccine has dried, I have found it sufficient to wait from five to ten minutes and then to apply the dressings. The glycerinized virus dries very slowly, if at all, and I do not consider it necessary to wait for it to dry entirely before dressing.

DRESSINGS.

The question of the proper dressing has also given rise to much discussion. Some do not use any dressing, but I favor some form of protective dressing until the wound has had time to close well. Those who like elaborate methods employ various kinds of gauze, rubber tissue, plasters, and shields of designs too numerous to mention. Here, again, simplicity and cleanliness are the desiderata, and can, fortunately, be easily acquired. A simple thin pad of sterile gauze, held in place by a couple of strips of zinc oxide plaster, suffices to protect the fresh wound until nature has dried the surface and formed her own protective covering. At the end of a day this dressing can be removed, and the arm left undressed until the inoculation begins to "take," the occurrence of which should be a signal to begin the after-treatment. The after-treatment is well worth the attention of every vaccinator.

SHIELDS.

While it is true that shields are in very common use, there is much doubt as to their real value, and some question whether they are not actually detrimental. In my experience, shields frequently become the source of trouble. They act as small hot-houses, keeping the part warm and moist, thus encouraging the growth of extraneous bacteria; they interfere with the lymphatic circulation in the part; they tend to accumulate effete matter; they encourage decomposition, and may themselves be carriers of infection. For these reasons I regard them as unsatisfactory.

AFTER-TREATMENT.

The proper care of an inflamed inoculation is extremely desirable. Not only should it be protected against traumatism, but it should have the same care as any infected surgical wound. It should be cleansed often and the dressings changed frequently. According to the amount of exudation, the wound

should be inspected every day or two and be protected from accidental infections and irritations. Hot water, with soap, and alcohol, are efficient cleansing fluids. This after-care is much neglected, being left, as a rule, to the patient. If the prejudice against vaccination is to be broken down, physicians must insist on taking the after-treatment into their own hands, and themselves see that this part of the work is done well. Experience has proven that at this stage a simple dressing, such as the one described above, meets all the conditions that usually arise.

A pure virus delivered in an aseptic package, inoculated into a clean arm, and properly cared for afterward, will make sore arms uncommon and will soon wipe away popular prejudice against the operation.

CHARACTERISTICS OF A "TAKE."

The frequency with which physicians as well as laymen, mistake an indurated, inflamed arm due to streptococcic infection, for a genuine vaccination "take," suggests a cursory reference to the characteristics of a "take." And from the description, it will be seen that inspection by a physician or other trained person will be necessary to substantiate the "take."

About the third or fourth day, often later, the "take" begins with a papule and induration and tenderness. Then develop the characteristic vesicle which is usually of an oval shape, with a brown scab in its center. Numerous depressed points, or umbilications, dot the vesicle. Pustulation follows, and febrile reaction accompanies the process. The resulting scab drops off in about three weeks after the formation of the vesicle, and leaves a scar which is characteristic of vaccination.

THE SCAR.

The importance of being able to identify the scar of a successful vaccination leads me to describe it in particular.

I have given special attention to this detail, and find that descriptions commonly met in the literature are imperfect. The scar is usually round or oval; it is usually slightly depressed where it meets the skin; the scar is usually blanched, or, when recent, reddish or blueish; white striations are usually seen running from the center peripherally. *But any of these features may be absent.* The most characteristic feature of a successful scar, if not *the only distinguishing characteristic*, is a series of *pits*, representing the umbilicated vesicles, usually arranged in a circle just inside the border. I believe these pits can be found in nearly every scar that represents a successful vaccination, and they persist as long as the pits of the disease. While the absence of such a scar as I have characterized cannot be said to be absolute proof of the absence of successful vaccination, (because concurrent infections may disguise the scar,) it would be a good, practical guide to make that assumption, and to revaccinate all such cases; for the absence of a successful scar is certainly suspicious.

COMPLICATIONS.

In discussing the complications of vaccination, I shall make no reference to the ordinary local erythema and induration, nor to the enlarged and tender lymphatic glands—which may be considered a part of the process. Nor to the secondary pustules due to auto-inoculation, which are serious only when near mucous margins. I wish, rather, to state briefly what I can regarding the rashes, erythemas, morbilliform rashes, and scarlatiniform rashes, all of which are met from time to time as complications; also regarding the inoculated complications, such as syphilis, sepsis and tetanus; and especially a word as to whether vaccination should be done during the presence of the ordinary skin diseases, or during the course of the common acute infectious diseases.

The complicating rashes mentioned are generally fugitive and of no serious importance. Syphilis is not found in bovine virus. Sepsis is rare when the good viruses, supplied in aseptic packages, are employed. Tuberculosis is very rare, and impossible with glycerinated virus. Tetanus is the most alarming possibility. Yet Robt. Wilson's exhaustive study of the occurrence of tetanus in vaccine concludes that the case is not proven. And Rosenau, after examining a large number of specimens obtained in the open market, found not one contaminated with tetanus spores.

In the presence of ordinary skin diseases, the untoward influence of vaccination is so uncommon and even then so transitory, that their presence may be disregarded. H. W. Stelwagon states that "The possibility of more than temporary aggravation of an existing eczema, as the result of vaccination, is so slight that it should not be a bar to vaccination." The same author notes frequent ameliorations of eczema, and the cure of one chronic case by vaccination. Van Harlington concludes that while ordinary skin diseases are aggravated in a few cases and ameliorated in a few cases, in the large majority, no influence whatever is discernable.

Vaccination concurrent with measles or chickenpox is generally regarded as undesirable. Advice should be given against vaccination in the presence of any acute fever, as the result of the added infection of vaccination may result in hyperpyrexia, and render a mild acute infectious disease severe. If there be added to these contraindications one more, viz., a weakened, non-resistive, depressed condition of the individual, I think that the case will be fairly well stated.

PERIOD OF IMMUNITY.

The period of immunity conferred by one vaccination undoubtedly varies in different individuals and under different circumstances. While in any individual

case we are unable to say whether immunity still exists after the lapse of a few years, still we do know that in Germany, where inoculations are required during the first and tenth years of life, smallpox is unknown as an epidemic. France requires inoculation in the first, eleventh and twenty-first years of life. From these laws one would judge that ten years might be taken as the common duration of immunity from a single inoculation, although in some the period does not cover ten years, while in many others immunity lasts much longer, even during a lifetime. If it is true, as some authorities claim, that immunity to smallpox and immunity to vaccination are not the same thing; that vaccination is a better protection against smallpox than smallpox is against vaccination—then revaccination as a test of the continuance of immunity from smallpox fails. H. Spaulding, with wide experience, holds that in most persons two vaccinations are all that will take—one in childhood and one in later life.

The efficiency of vaccination as a preventive of smallpox, I consider to be too well proven to merit serious discussion. But one point is pertinent: Whether its protective influence is obtained when done after exposure to smallpox. Welch and Schamberg state that when vaccination is done soon after exposure to smallpox, absolute protection is not infrequently conferred; but delay of a few days impairs immunity. Dr. Carrott, of the Chicago Health Department, reported more definitely on this point. He stated that "After many years' experience with smallpox epidemics, we have concluded that vaccination would immunize if used not later than three days after exposure to the contagion. After the fourth day of the exposure, vaccination has failed repeatedly to immunize, or even to modify the disease.

THE CALIFORNIA LAW.

The law of California requires every

child in the public schools to be successfully vaccinated; but from the latest figures available there are in this State about 93,000 children from 6 to 17 years of age, who do not attend the public schools. But if it is the purpose of the vaccination law to protect California against smallpox, then the application of the law should not be restricted to the minority found in the public schools. It should apply, as in Germany and in France, to all children, from one year of age up. The total number of children in this State under 17 years of age is, according to the 1903 census, 508,033; while the total number attending the public schools is but 289,751. The differ-

ence, 281,282, is the constant number of children in the State who are unaffected by the vaccination law. To put the case in round numbers—supposing that the present vaccination law were vigorously enforced, there would still always be about 218,000 of the population of children unaffected by that law—a rather considerable number.

It would seem, therefore, that our vaccination law should be amended so as to include every child in the State. All children should be protected. In no other way can the State be adequately protected against smallpox.

1068 Broadway.

SELECTED.

DEPARTMENT OF TUBERCULOSIS.

CONDUCTED BY F. M. POTTENGER, PH. M., M.D.

REPORT OF THE TUBERCULOSIS COMMITTEE OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA.—The following is a copy of the report of the Tuberculosis Committee of the Medical Society of the State of California, as given at the Paso Robles meeting.

The report was adopted and the committee continued to carry out the suggestions made in the report:

Your committee, appointed at the Santa Barbara meeting of the Medical Society of the State of California, for the purpose of investigating the question of tuberculosis as it affects the State of California, beg leave to submit the following report:

As a basis for its report, the committee endeavored to secure statistics upon the following points:

1. The number of cases of tuberculosis in the State of California.

2. The annual number of deaths from tuberculosis in the State of California.

3. The number of cases contracted within the State and the number imported.

4. The measures that are being taken in the various localities for preventing the spread of the disease.

5. Whether or not the physicians of the State are in favor of taking measures for its prevention.

To secure this information, letters, with addressed postals for reply, were sent to every physician, every municipal health officer and every County Recorder in the State, about 4000 in all.

To these, 1225 replies were received. From health officers and County Recorders as follows:

1. There were 2308 deaths reported as occurring in the State during the preceding year.

2. One hundred and sixty-one were reported to have contracted the disease

within the State, but this did not include the report from San Francisco, Los Angeles and many other important places.

3. Thirty-eight replies told of measures being taken for the prevention of the spread of the disease, most of which were vague and indefinite. The Southern California Anti-Tuberculosis League is the only organization in the State for the purpose of preventing the spread of tuberculosis.

From physicians, replies were received as follows:

1. There are 3183 cases of tuberculosis in the State under medical care.

2. Ten hundred and fifty physicians expressed themselves as being in favor of taking preventive measures. Twenty were opposed to such measures.

The answers to this last question showed a remarkable lack of unanimity of opinion upon the part of the members of the medical profession, as to what steps should be taken to prevent the spread of this disease in our State. However, they may be summarized briefly as follows:

I. Measures directed toward those who are afflicted to prevent the spread of infection.

1. Seventy favored disinfection of sputum.

2. Twenty-two favored disinfection of all ejecta.

3. Twenty favored health-board supervision. One against.

4. Seventy-seven favored compulsory notification of health officer.

5. Fifty-four favored anti-spitting ordinance.

6. Three favored public spittoons.

7. Sixty-six favored fumigation of the rooms of patients after death or removal.

8. Eight favored disinfection of public drinking cups, etc.

9. Eighteen favored disinfection of public vehicles and sleeping cars.

10. One favored barring them out of hotels.

11. One hundred and thirty-seven favored isolating all tuberculous individuals in separate communities, hospitals or grounds. Thirteen against.

12. Thirteen favored segregation of the poor only.

13. Four favored the education of eastern physicians not to send patients to our State, when in the last stages of the disease. One against.

14. Eighty-five favored preventing eastern consumptives from coming here. Eighteen against.

15. One hundred and eight favored State sanatoria. One against.

16. Forty-two favored prevention of marriage of tuberculous patients.

II. Measures directed toward preventing the well from becoming infected.

1. Sixty-one favored better house and personal sanitation.

2. Fifty-one favored better municipal sanitation.

3. One hundred and forty-three favored a campaign of education by means of pamphlets, lectures and teaching in the public schools.

4. Seventy-one favored physicians giving explicit instruction to the family, as to the cause of the disease and as to the necessary prophylactic measures to be taken.

Our investigations show that tuberculosis is scattered throughout the State, and that while the death rate from the disease in the rural portions of the northern part is almost nil, that of the cities, especially San Francisco and Los Angeles, is quite high.

We wish to thank those who assisted us in this investigation, and appreciate the interest manifested by their replies, yet we are disappointed to find so many physicians in our State who have so little interest in this question as to fail

to reply when a printed return card was furnished them.

While we had no reply as to the number of deaths from tuberculosis from several health officers and County Recorders, yet the number reported, 2308, corresponds very closely with the number, 2445, in thirteen months from January, 1903, to February, 1904, given by Dr. N. K. Foster, secretary of the State Board of Health, in a private letter to the committee. It does not correspond, however, with the figures given in the census reports for 1900, which shows that there were in California 3480 deaths from consumption, 78 from hip joint disease, scrofula and unclassified tuberculous diseases; a total of 3556 deaths assigned to tuberculosis. This illustrates the need of a better system of gathering vital statistics in this State.

One point upon which the committee was especially desirous of obtaining information was the relative number of cases developing within our State. Our replies to this question failed to give us the desired information; however, in thirty-six towns and cities in California, representing a population of 84,504, there were 161 deaths from indigenous tuberculosis, yielding a death rate of 1.9 per 10,000 population. The total death rate from tuberculosis in California is 25.6 per 10,000.

In studying the statistics of tuberculosis in the State of California, it is surprising to find that the death rate from the disease in San Francisco is 32 per 10,000 population, while for Los Angeles it is 39. Thus the city which is the Mecca of eastern consumptives shows a death rate only a little higher than San Francisco, which imports fewer in proportion to population.

This fact should be sufficient to show that such recommendations as:

1. Barring them out of hotels,
2. Isolating them in separate camps and communities,

3. Quarantining the State against them,

are unnecessary. Not only are they unnecessary, but they are unscientific, impossible of enforcement and inhumane. The agitation of such measures can do nothing but harm. It frightens the people, gives them an unjustified fear, and yet does nothing to prevent the spread of the disease.

Your committee is opposed to all such measures, and believes that it is the duty of the Medical Society of the State of California to go on record as opposing their agitation.

The question of the prevention of tuberculosis is one that admits of a scientific solution, because the nature of the disease, its cause, the contributing factors and the manner in which it is spread are well known facts. Its solution can be approached in two ways, by education and by legislation. In all instances the former should precede the latter, because legislation cannot safely precede education.

Therefore, your committee would recommend:

1. That physicians attempt to carry out recognized measures for the prevention of the spread of tuberculosis, such as notification and disinfection, and that they educate their patients as to the nature of the disease and the manner of its prevention.

2. That we indorse the work done by organizations, such as the Southern California Anti-Tuberculosis League, which are attempting to combat the spread of this disease, by educating the people as to its nature, and by carrying out active measures for prevention.

3. That we favor legislation, just as far as it can be of help in combatting the disease, but oppose all unscientific, impractical and inhumane measures. We are in favor of:

(a.) The rigid enforcement of anti-

spitting ordinances, as applied to public places.

(b.) The provision of public spittoons.

(c.) Health-board notification, for the purpose of instruction and disinfection.

(d.) State sanatoria for the poor.

4. That we deprecate all forms of phthisiophobia, and oppose all measures which tend to foster it, especially the quarantining of the State of California against the tuberculous and the prevention of marriage of tuberculous persons.

We would recommend that the work of the committee be continued for the following purposes:

(a.) To keep in touch with similar work done in other localities.

(b.) To institute educational measures.

(c.) To secure the adoption of anti-expectoration laws.

(d.) To devise ways and means for securing the disinfection of public vehicles used for the transportation of consumptives.

(e.) To present to the Governor and State Legislature the matter of the importance and necessity of State sanatoria for the treatment of the poor.

F. M. POTTINGER, Los Angeles.

JNO. C. KING, Banning.

GEO. L. COLE, Los Angeles.

GEO. H. EVANS, San Francisco.

EDWARD VON ADELUNG, Oakland.
Committee.

DEPARTMENT OF PHYSICAL AND ELECTRO-THERAPEUTICS.

CONDUCTED BY ALBERT SOILAND, M. D.

RADIO THERAPY.—In a masterly article by Dr. Skinner, entitled, "The Present Status of X-Ray Therapy in the Management of Cancer" (March number *Journal of Advanced Therapeutics*), he gives the following reasons why so many inaccuracies exist in the case reports of X-ray treatments in general:

"First—Almost every physician who sees a cancer cured by the X-ray immediately becomes imbued with an enthusiastic desire to acquire the art of X-ray therapy himself. In the vast majority of cases he has never seen an X-ray generator before and does not know how to run one until instructed by the manufacturer. He is incapable of judging as to the efficiency of a given apparatus himself and must take the manufacturer's word for it. The physician at large is a credulous individual, and there have been many machines upon the market which were entirely inefficient for the purposes of X-ray therapy. Results reported under such conditions cannot be considered reliable

indices as to the actual possibilities of the treatment.

"Second—The novice is absolutely ignorant of the various potentialities of the agent, both beneficent and dangerous. The procedure looks easy, however; the result he has witnessed is unquestionable, and the trustful physician takes the word of many a salesman that he 'can teach him all there is to it in half an hour after the machine is installed.' There are, therefore, thousands of physicians applying X-rays to the treatment of cancer today, who are struggling through the sins of omission and commission which characterize the initiatory experiences of the novice in X-ray therapy, and it is not at all strange that contradictory and unsatisfactory reports should at present confuse attempts to define its therapeutical position. With an agent in the technical manipulation of which art, as opposed to exact science, plays so prominent a part, it is a wonder that there is even as much agreement as there is, in reference to the subject under discussion,

and no wonder at all that serious consequences to the patient, as well as, failure in securing satisfactory clinical results, so frequently come under observation.

"Third—Some of the world's noted clinicians have adopted the use of X-ray therapy, but instead of familiarizing themselves with the subject, or employing an experienced X-ray therapist, have entrusted its application to a radio-grapher, who is by no means necessarily a good X-ray therapist, or even in some cases to a nurse, and have reported over their signatures, the clinical results obtained under these most inadequate conditions. Their names have given a weight to these reports to which they were not entitled by their intrinsic value, and thus a weighty element of confusion has appeared in the problem."

The balance of Dr. Skinner's article deals with the proper use of the X-rays as developed up to the present time, and on the whole is one of the best papers the reviewer has ever had the pleasure to read.

RADIUM.—It is seldom that one finds in a lay publication the correct interpretation for any article affecting the medical profession. In the April *Success*, however, Mr. Cleveland Moffett very ably portrays the "Sense and Nonsense of Radium," telling all about this wonderful substance without essaying any revolutionary visions, such as accompany the average article on radium.

Mr. Moffett spent some time at the Curie Laboratory, and is better informed than many physicians who are using this new agent in their practice.

The editor of this department has been experimenting for some months with 50 milligrams of radium bromid, 7000 activity, but so far nothing has developed to prove that radium is in any way superior, or even as efficient, as the Finsen and Roentgen rays in cutaneous

disease. Its only point of advantage lies in its small size, permitting of easy application to the various cavities of the body where the stronger, but more cumbersome, X-ray apparatus is used with some discomfort.

In comparing the dosage of radium with the Roentgen rays, it occurs to us that the various radio-active grades can not be likened to the different vacua of the Crookes tubes, but rather to the intensity of the energizing power that is used to actuate a given tube. For instance, a bulb of 7000 active radium would be like a standard vacuum X-ray tube; actuated by a six-inch coil with storage battery and mechanical interrupter, an exposure of fifteen to twenty minutes for each would be approximately normal. A bulb of 300,000 active radium, however, would be more similar to a powerful coil twelve inches or over, using a Wehnelt or turbine interrupter, employing the same standard vacuum tube referred to. Here an exposure of five to ten minutes will accomplish the same as fifteen to twenty minutes with the weaker agents referred to above.

Therapeutically, it is safer to use a weak X-ray generator with a long exposure than to employ a strong one to obtain the same result with a short exposure. If this analogy is correct, then the same rule will apply to the use of radium in therapeutics.

VIBRO-THERAPY.—One of the newer physical agents which gives promise of great development is the mechanical vibrator. Unfortunately, most of the instruments now on the market are connected to the vibrator through a flexible shaft which imparts nearly as much vibrating stimulation to the operator as to the patient. Vibrating stimulation is capable of much good if intelligently used in connection with electro-therapy.

613 Johnson Building, Los Angeles.

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY.

FUNIC PULSATIONS: WHEN TO LIGATE THE CORD.—*American Medicine*, Oct. 24, 1903.—Dr. Wm. H. Good observed in a premature birth that the cord pulsed at least five minutes after the placenta had been expelled from the uterus. To demonstrate again that the funic pulsations are fetal in origin at a subsequent confinement, he placed a hemostat on the cord. The pulsation on the maternal side immediately ceased, while on the fetal side they persisted.

The question naturally arises, if the cessation of pulsation in the cord is not the indication for ligation, what is? Jewett says: "If, as seems probable from the researches of Caviglia, the principal cause of the afflux of the blood is uterine pressure, neither the child's respiration nor the funic pulse is the guide to the time for tying the cord, but rather the first firm contraction of the uterus." For at this time most of the blood in the placenta is forced through the umbilical veins into the child, and but little is forced into the placenta against the uterine pressure. In a relaxed uterus, with possibly a detached placenta, the child may still be forcing blood into the placenta and receiving little in return, thus actually losing blood. In conclusion, he says that the funic pulsations are of fetal origin and that the first firm contraction of the uterus is the indication for the ligation of the cord.

GASEOUS DISTENSION AFTER ABDOMINAL SECTION.—(St. Louis *Medical Review*, January 23, 1904.)—Dr. W. B. Dorsett uses the Virgil O. Hardin treatment, viz., enemata of alum solution, half an ounce of pulverized alum to one pint of warm water, carried well up into the colon, best introduced with the patient in Sim's posture. The peristalsis thus induced draws the gas through the ileo-cecal opening, and it is expelled. He prefers this to any attempt to open the bowels with laxatives the day after the operation.

THE EARLY SIGNS OF PREGNANCY.—*Journal American Medical Association*, February 20, 1904.—Dr. H. L. E. Johnson describes a sign which, after a careful investigation of a large number of cases, he considers an invariable early evidence of recent impregnation. It is observed as early as the fourth week, or possibly earlier, and consists of an intermittent softening and hardening of the vaginal portion of the cervix uteri, with, in many cases, a change of color from a pale violet to the normal pink hue, or the reverse. These changes in color and consistence are more or less rhythmic. The alternate softening and hardening is easily detected by digital touch, while changes in color may be seen through a speculum. These signs are, in all probability, early manifestations of what is subsequently recognized as the intermittent contractions of the pregnant uterus, and are probably due to a necessity for some change or modification in the uterine circulation incident to the nourishment and growth of the impregnated ovum through physiologic intermittent congestion of the generative system. A number of interesting corroborative cases are cited.

In the *Journal of American Medical Association*, April 23, 1904, Drs. L. M. Giffin and O. M. Gilbert report having observed similar distinct changes in color in the fundus of the uterus of a woman pregnant three and one-half months, where the abdomen was opened to relieve an intestinal obstruction. The alternations in color occurred every sixty seconds.

Dr. Johnson states in the *Journal*, May 7, that he has received a number of letters, inquiring as to the rhythm of the changes in color and consistence. He is unable as yet to report, but expects to present a future paper touching this fact. In the meantime he hopes that other physicians will investigate the subject.

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EDITORIAL.

A PSYCHOLOGICAL NOTE.

From the New International Encyclopedia we learn that James Monroe Buckley was born in 1836 in Rahway, N. J.; was educated at Pennington Seminary and Wesleyan University, and studied theology in Exeter, N. H. He entered the ministry in 1858, joined the New Hampshire Conference of the Methodist Episcopal Church in 1859, and preached successively in Dover, Manchester, Concord, Detroit, New York and Brooklyn, holding the last charge from 1867 to 1880. Since 1872 he has always been prominent in the General Conferences of his church, and is one of the most influential men in the denomination. He has been editor of the New York *Christian Advocate* since 1880. Among his publications are: "Christians and the Theater" (1876;) "Oats or Wild Oats" (1885;) "The Land of the Czar and the Nihilist" (1886;)

"Faith Healing" (1892;) "Travels in Three Continents" (1895,) and "Ex-temporaneous Oratory" (1899.)

Dr. Buckley has particularly recommended himself to the medical profession by his papers upon Christian Science, Spiritualism and Faith Healing that have appeared from time to time in the *North American Review*, the *Century* and other prominent publications. He is a most trenchant, forceful writer, and as an editor is justly considered one of the ablest in the United States. Consequently, when it was announced, about the middle of May, that he was to lecture in Los Angeles on Theosophy, Christian Science and allied subjects, we were very glad to avail ourselves of the opportunity of hearing him. There was a crowded house, the box receipts being \$2500. The lecture was announced to begin at 8 o'clock, and the doctor, who is a very

small man physically, and on that account, as well as on account of his ability in public disputations, has frequently been called "the Napoleon of debate," arrived at 8:20 o'clock and soon started on his so-called lecture. It was the most rambling, disconnected affair that we ever heard. Frequently during the talk he would lose a sheet of his notes and occupy two or three or four minutes of the time of the three thousand people who were before him looking around through a mass of manuscript. At 10 o'clock the audience began to vanish, and the doctor got off many witty sallies, which were enjoyed by those who remained. Among other things, he said that if he were not lecturing himself, he would leave, too. He mixed up his talk with personal reminiscences of how he had talked with Dowie, and yet his talk was confidential and he could not tell us anything about it. But the point we wish to make is this: Here is a man who has been talking to the public for nearly fifty years, and the result is that he has lost the proper point of view, and by so doing has lost all respect and consideration for the public. Here he was before a large audience, and instead of having a logical, forceful speech that, while entertaining the audience, would at the same time be convincing and carry home useful truths, he wandered along and tired every person so that those who remained until the end of the nearly three hours' lecture simply did so through courtesy. By this course he injured the cause for which he was speaking; he brought down a certain amount of criticism upon the church of which he is consid-

ered the leader, and chagrined his best friends.

All of this shows the danger of constantly burning incense before a public man. Bishops, clergymen, laymen have so long endeavored to make the doctor believe that he was the "great I am" that it has in a way turned his head so that he can no longer show the public the respect that is its due. Although he is 68 years old, yet we believe it would be worth his while to try and pull himself together enough so that he would reform in this particular, and we know that it would add much to the happiness of the evening of his brilliant life.

GRADUATION OF NURSES.

Commencement exercises of the training school for nurses of the California Hospital took place at Blanchard's Hall last evening. By 8:15 o'clock the house was so crowded that the doors had to be closed and many persons were turned away. Thirty-one nurses in white sat on the stage, and banked in front of them were hundreds of beautiful floral tributes from friends. The exercises opened with prayer by Rev. F. DeWitt Talmage. L. C. Gates, Esq., delivered an address on the profession of nursing, claiming that it and the allied professions of medicine and surgery are the most progressive of all sciences. He said there are three noble avocations open for women, and he placed them in the order of their importance: First, wifehood; second, teaching; third, nursing.

Dr. W. W. Beckett delivered the address on behalf of the faculty of the

school, and enumerated the qualifications that go to make up the ideal nurse. The doctor said that six years ago the training school for nurses of the California Hospital had its first commencement with four graduates; five years ago there were seventeen graduates, and the number had continued to steadily increase until this evening there were thirty-one graduates. Dr. Beckett also announced that within sixty days the erection of a four-story brick building for a nurses' home would be begun by the management of the California Hospital, and this home would have accommodations for 100 nurses. At the close of Dr. Beckett's address the president, Dr. F. T. Bicknell, conferred a diploma upon each member of the graduating class, and as Miss Hewitt, the superintendent of nurses, handed the diploma to the nurse whose name was called there was generous applause. During the evening the exercises were interspersed with music by Arend's Orchestra. At the close of the exercises a reception was held at the present Nurses' Home, 1415 South Grand avenue. Among the women assisting Miss Hewitt in receiving were: Mesdames Frederick T. Bicknell, George L. Cole, Walter Lindley, Andrew Stewart Lobingier, W. W. Beckett, L. C. Gates and H. Bert Ellis. The house was beautifully decorated and refreshments were served by the junior nurses. An orchestra furnished music, and at the close of the reception an hour or two was passed in dancing. The following is a list of the graduates:

Miss Ida M. Ambrose, San Francisco;
Miss Elizabeth Barbor, Santa Barbara;

Miss Stella Corbett, San Bernardino;
Miss Annie L. Crump, Santa Barbara;
Mrs. May Carson, Compton; Miss Mary V. Casey, Whittier; Miss Jennie Evelena Caywood, San Diego; Mrs. Emma P. Durbin, Los Angeles; Miss Mary L. Edminster, San Francisco; Miss Dora Graves, Riverside; Miss Lillian M. Hilton, Los Angeles; Miss June Hardison, Ft. Wayne, Ind.; Miss Lillie Hotzell, Inglewood; Miss Louise G. Kent, Phoenix, Ariz.; Miss Blanche F. Kimball, Patton; Miss Alice Lenton, Fullerton; Miss Geneva McConnell, Beaumont; Miss Helen M. Mills, San Bernardino; Miss Florence Mitchell, Los Angeles; Miss Annie Nagel, Los Angeles; Miss Marie Patterson, Williams, Ariz.; Miss Hattie E. Paull, Nestor; Miss Marie Robinson, Logansport, Ind.; Miss Jessie D. Rosebaugh, Topeka, Kan.; Miss Hazel Storey, San Diego; Miss Alice G. Todd, Oxnard; Miss Lillian Towne, Santa Barbara; Miss Edith Thomas, Inglewood; Miss Sadie C. Sterritt, Pasadena; Miss Kathryn W. Kenney, Los Angeles; Miss Lillian C. Gordan, Seattle, Wash.—*Evening Express*, May 27, 1904.

GRADUATION EXERCISES MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

The first step in the graduation exercises was the annual banquet from the faculty to the graduating class. This was given in the beautiful dining-room of the Angelus. There were present, besides the faculty and the graduating class, a large number of the alumni of the college and quite a number of the prominent physicians of Los Angeles

and vicinity who are not members of the faculty, and also, as guests of honor, Rt. Rev. Thomas J. Conaty, Bishop of Monterey and Los Angeles; Rev. George F. Bovard, president of the University of Southern California; Rev. Joseph S. Glass, president of St. Vincent's College; Dr. Garrett Newkirk, Dean of the Dental College of the University of Southern California; Isidore B. Dockweiler, Esq.; Dr. Moody of San Francisco, assistant Professor of Anatomy in the Medical College of the University of California. The Los Angeles Times of the next day, in the course of its report, had the following:

"Medicos Banqueted—A College That Knows No Failure—New Clinical Laboratory Under Way—Rich Tribute to Profession by Catholic Bishop.

"A most happy affair was the entertainment last night of the graduating class of the College of Medicine of the University of Southern California, by the faculty.

"The banquet was given in the main dining-room of the Hotel Angelus, where covers were laid for more than one hundred guests. Dr. Joseph Kurtz was president of the evening, and Dr. Walter Lindley, dean of the college, was toastmaster, but, to use the words of the president, Dr. Lindley 'left the dean at home and took with him only the jolly, good fellow to the banquet.'

"While the primary purpose was to honor the twenty-four graduates, a most important part of the proceedings was the formal announcement of the laying of the corner-stone of the new Clinical Laboratory at 4 o'clock on Thursday afternoon. Ground has already been

broken for the new building in the rear of the college on Buena Vista street, and Dr. Granville MacGowan said last night that while it was not to be the largest on the Pacific Coast, it is to be the very best, as well as most powerful and most perfect. The building will cost \$20,000, and will embody all the very latest improvements and equipment. The commencement exercises, at which the class will receive their diplomas, will be held in Simpson Auditorium on Thursday night.

"The roster of the class is as follows and all were present as guests at the banquet last night: Charles Herbert Blaney, Francis Henry Brown, Ira Edgar Brown, Miss Lura Julia Brown, Miss Edith Jane Claypole, Harry Garcelon, Robert Blake Griffith, Miss Nellie Sophia Hayes, Harry Diehl Jenkins, Duke Keith, Albert William Moore, Edward Clarence Moore, George Edgar Paddleford, Armstrong Cooper Pratt, Harrison Albert Putnam, Spurgeon Vance Riley, Percival Lowther Rookledge, George Carlos Sabichi, John Foster Spencer, William Henry Syer, Hiram Bradbury Tebbetts, Clarence Osgood Waterman, Rob Roy Wilson, Carlisle Benjamin Wiley."

Dr. Joseph Kurtz, president of the evening, opened as follows:

Ladies and Gentlemen: Having disposed of the first and gastronomic part of the programme for this evening, we will now begin the second. But do not expect me to make a speech, though I was elected president of the occasion. For this I am very grateful, for it is an honor, but I was given to understand that I should have nothing to say. There

are other speakers provided for the occasion, consequently if I do not speak at length, you know why—that the ruling powers have so ordered.

I shall nevertheless take the privilege of my position to make a few remarks and extend a welcome to our guests, to welcome our alumni and the graduates of 1904. (Applause.)

It gives me great pleasure to see these smiling faces which I have known many a time not to smile. (Laughter.) I want to say a few words to our graduates as to the future. After four years of hard work you have succeeded in becoming one of us. You have studied hard and well deserve the diploma which entitles you to enter our ranks. I therefore welcome you into our noble guild, and I have no doubt all of you will be an honor to the medical profession and a credit to our college.

Now, there are a great many graduates of the professions, physicians, lawyers and members of the other professions, who think that when they have obtained their sheepskins they have accomplished everything and they need not do any further work. But I want to tell you that you will learn within a very short time that your work has just begun. It is to be your life's work, and let me here cite to you the remarks of a French physician and philosopher who lived in the latter part of the eighteenth century—Jean Jacques Rosseau. He was asked by a medical student for advice. The old man said: "Medicine, you want to study? A noble profession, one in which you must choose between true medicine, ever modest, ever self-sacrificing, and quackery, ever loud

and ever dishonest. Young man, if you would be a physician, study, study, study all your life long. If you want to be a quack, nothing but impudence and effrontery are needed." Bear these words in mind, and let them guide you.

Gentlemen, I welcome you into our medical profession—I would like to welcome you into the brotherhood of the alumni, but this will be done by someone else, as I am not an alumnus myself. Now, in the name of the faculty, I wish for all of you a successful career and a prosperous life.

I now come to the second part of my duty as president, and that is the introduction of a toastmaster. I was told I was too well acquainted to introduce the wrong man as a toastmaster, so I will introduce one whom you all know, and those who do not know him, ought to know him. He is known to all of you as the Dean of the faculty—Dr. Walter Lindley. (Great applause.)

Dr. Lindley said:

A man was once asked who was the best patient for the young physician. The man was something of a cynic, and he suggested it should be a pig, because, he said, a pig could be cured after he was killed. (Laughter.) But that kind of a joke is something we have all met before; we have all taken our turn with it time and time again, and we have learned to enjoy it. Therefore, as young men, you must not allow it to disturb you, for there are much more serious troubles than that, and they begin to come when you get your diploma.

But we are glad tonight to see this large class of twenty-four gathered here as our guests around this table, and it is

an especial pleasure because we know that you have all gone through the most severe and thorough examination, and that you are all worthy of being here. Those who are not worthy fell by the wayside, and they will continue to fall by the wayside annually as we have our examinations. It is the law of this college, this medical college of Los Angeles, this medical college of Southern California, to steadily raise the standard so that it will keep on making history in the future as it has in the past, which is, that it is the only college where all the graduates have passed the State examinations without a single failure. (Applause.)

The professors who have held these examinations and the faculty who passed finally on them, have been especially anxious to uphold that standard this year and not allow it to fall behind the record that has been made during the last few years in the State Board examinations.

In consultations it is the rule to call on the youngest physician present to first give his opinion. So this evening we will call on a member of this youngest class to give his opinion first, and the sentiment is: "Our Coming Out," by Clarence Moore of the class of 1904. (Applause.)

SPEECH OF CLARENCE MOORE.

Mr. Toastmaster and Gentlemen: When I was notified by the Committee of Arrangements that I was to respond in behalf of the graduating class to the toast, "Our Coming Out," I immediately went to the chairman and told him to appoint some other man. This request being refused, there was nothing to do

but to bestir my thoughts in an effort to say something pertinent to the subject and to the occasion.

Having noticed at the few banquets I have been able to attend during my youthful career that there seemed to be a fashion among post prandial speakers to open their toast with the sentence, "This occasion reminds me of a story I once heard," I determined to begin my toast in same manner, and after reviewing all of the stories my father had inflicted on me again and again to see if at least one would not suit this assemblage, I found that all I remembered were either off-color or so old as to have whiskers, or were otherwise inappropriate. So the idea of opening this toast with a funny story was given up, although not until I had peered into a volume of Irish wit and humor and a Traveler's Joke Book at one of the book stores. There being nothing else to do, I began to reflect on "Our Coming Out," and in so doing realized that the past was indeed gone, and that no more would the members of the class be hauled up before "Bab" for broken furniture, and inciting revolt in the class of our esteemed professor of hygiene, nor be forced to apologize to our professor of medicine for giving him the water cure. These things, however, are all past and gone. As our graduation will be the culmination of long-deferred hopes and ambitions, so will it also be the beginning of new worries and responsibilities; and it may be that in our first unexpected calls to emergency cases we may feel somewhat like the young graduate of whom the jokesters tell us, who, on being asked by the anx-

ious friends what to do for the patient, said, "I guess we better call a doctor."

There are some things, however, we have an ambition to do, and they are that we shall be a credit to our college and to the men who taught us. It may be that not a member of this class will do work of a character to make his name known beyond the confines of his own State or county, yet we can all aspire to practice the precepts laid down by the Father of Medicine five hundred years before Christ in the Hippocratic oath, "That we will each one follow that system of regimen which we deem for the best interest of our patients, abstaining from whatever is deleterious and mischievous." So that in that way we may reflect credit upon our Alma Mater, our instructors and ourselves, and be a benefit to the communities of which we may become a part. And always do we wish to remain loyal alumni of the Medical Department of the University of Southern California.

We who have had the privilege of sitting on the benches, and have noted the devotion to the interests of the school displayed by the faculty and corps of instructors, cannot but feel that with the increased growth of the City of the Angels, the college which will grow hand in hand with the city will be that institution which for twenty years has been successfully and creditably upholding the cause of medical education in Southern California, and which, with increased equipment, new clinic buildings, a faculty honored at home and abroad, an alumni body loyal to the interest of the school, it should in time be the

representative medical college of the Pacific Coast. And in this work the members of the graduating class of 1904 pledge themselves to do their part by striving to practice the teachings and ideals of the faculty. (Applause.)

The Toastmaster:

There is only one fly in the ointment; that is, we cannot all be members of the Alumni Association of this medical college. We came out to this country too early, yet we are very glad that a committee is at work to weld together the alumni of this medical college, and the chairman of that committee is one of our honored graduates of years ago, who will now respond to the toast, "Our Alumni Association,"—Dr. George W. Campbell. (Applause.)

Dr. Campbell said:

Mr. Toastmaster and Members of the Faculty, Alumni, Esteemed Friends: It is said that the best test of a normal mind is its ability to adapt itself to its environment. As I came here tonight on the way over I began to feel that I was adapting myself very well, but when I come to this part of the entertainment I do not feel inclined to pass upon the normal condition of my own mind.

I will say that it is the first time in my life that I have ever been called upon to address a learned body of ladies and gentlemen as this occasion calls forth, and I know I will have your heartfelt sympathy because it may be your turn sometime.

I am sure I voice the sentiments of the alumni tonight in expressing our great pleasure at meeting our old and beloved doctors of years ago. I well

remember in the days of 1888 and 1889 in the old building on Aliso street when our city was young and our school was feeble, how these noble doctors of ours whom I see around me tonight came to that building daily, from their hard and arduous labors without recompense to teach us the spirit and the way of healing. And in my own heart I am thankful tonight that I had the benefit of such a corps of teachers. I always feel as I look upon my diploma hanging upon the wall and read the names of the men indorsed thereon that I had back of me and for my support a body of men who are equal to those of any school in the United States. (Applause.)

Now, in regard to our alumni. Looking over the list I find we are about 200 graduates. About twelve of these have passed over to the other side; they are not with us tonight. Of my own class I believe I am the only one here tonight. In looking at our work as alumni, I cannot help but be impressed by the grand profession that we belong to. The noble heart-feelings, the noble citizenship it brings, the opportunities afforded us in our different spheres for helpfulness, for making people better, for doing good from morning until night. I know of no profession that extends to the young man of today a greater opportunity of becoming a grand American citizen. Entering the home as we do, meeting the children as we do, having the chance to assist the people in our city who are fighting for that which is right, taking part in the politics of our country, as well as the politics of our city, are

among the grand opportunities that lie before the young man of today.

And along this line I want to direct your attention to the fact that we have no Alumni Society. For sixteen years we have met occasionally, and we have never been able to organize a society that has lived from one year to another. Now, gentlemen, this ought not to be. With two hundred men, educated men, in this city, we ought to be able to form an association similar to other college organizations. We find alumni associations in this city belonging to eastern colleges in a flourishing condition. It seems to me that our profession deserves that we should unite together, enthuse each other, and stand by each other, by our professors, by these noble men who stood by us year in and year out and by the dean of the faculty.

A committee looking to this end has been formed, of which I am a member. We have already outlined a constitution and by-laws, and we are ready to organize. Now, I am not much of a story-teller, but I believe I will tell a story to emphasize this matter, so that you will not forget it. It is an old story, and if any of you young men have heard it, I hope you will keep quiet.

I want to tell you about two Jews. One was named Isaac and the other Jacob. They had neighboring stores and were in the habit of visiting each other every day of the week. One day Isaac was taken ill with appendicitis and removed to the hospital. He was placed on the operating table and in a very short time was deprived of his vermiform appendix. For three weeks

Jacob had missed his friend, but one morning Isaac appeared in Jacob's store, looking pale and emaciated.

"Why, what is the matter with you?" asked Jacob.

"Why, Jacob, didn't you hear of my troubles?" said Isaac.

"No," replied Jacob.

"Why, I've lost my appendix."

"You great big fool!" exclaimed Jacob, "why didn't you put it in your wife's name?" (Laughter.)

Now, gentlemen, unless we get together in this matter, we had better transfer our right and interest to our wives and the ladies, because I know they will make a success of it.

I will call your attention to the fact, in closing, that a meeting will be held next Tuesday night to organize an Alumni Association, the like of which has not been known in the city of Los Angeles. (Great applause.)

The Toastmaster: We are certainly very glad to hear of this most important step. The next sentiment is "Scenes from Medical Life." I don't know whether that has any relation to George Eliot's "Scenes from Clerical Life," but it is to be responded to by Dr. J. Lee Hagadorn of the class of 1903.

THEN AND NOW.

Verses read at the annual banquet to graduating class of Medical Department University Southern California, Hotel Angelus, June 14, 1904, by J. Lee Hagadorn, M.D.

ON THE EVE OF GRADUATION.

Now is the Spring of our delight!

The season of our joys!

The Winter of our discontent

Is past and gone, my boys!

All hail the time of youth's bright hope!

We relegate to Past,

Examinations, clinics, quiz!

For we are free at last!

What care we now for all the "Profs,"

Rules, Regulations, Rot!

We'll take disease right by the tail

And show them what is what!

We'll find new bugs, we'll use new drugs;

We'll wake the halls of fame!

Resounding through those corridors

We'll send each fellow's name!

Back to the woods, ye fossils old!

Your place is on the shelf!

You've made your ducats, anyhow;

Retire and spend your pelf!

ONE YEAR AFTER.

Ah, me, at last a year is gone,

And I am deep in debt;

I can't collect a ding-dong cent,

And only sit and fret!

There's old man Jones—if he would pay

That forty that he owes,

I'd have enough to buy some hay

And get some decent clothes!

Those wholesale men are dunning me;

I owe for sixteen books!

My rent is due, my board bill, too—

How fierce the landlord looks!

I made a botch of Wheeler's case,

And called diphtheria, mumps!

Old Dr. Brown's so down on me

He called me "Prince of Chumps!"

Those older men go whizzing by

In "chugs" of fiery red,

While I to have my pants repaired

Am forced to go to bed!

Ah, me! For one whole year is gone

And I am still in debt!

If I can stand them off awhile

Perhaps I'll make it yet!

TWENTY YEARS AFTER.

Five cabs and more, are at my door!
 Three broughams, and eke, a hack!
 And men of state and ladies great,
 My outer office pack.

I am director in a bank,
 Wear a professor's gown;
 I'm on the staff of more than half
 The hospitals in town.

I am a deacon in the church,
 And every Sabbath day,
 In garb sedate, I pass the plate
 In deferential way.

I hold a place upon the Board
 Of Education, too;
 Although to mix in politics
 I've long refused to do.

What changes come in twenty years!
 My memory goes back
 When cankering care and dark despair
 Made all the future black.

"As little fleas have smaller fleas
 Upon their backs" which bite,
 We sew our tares, we have our cares,
 We have our fights to fight.

So look ahead, boys, twenty years,
 Your eyes upon the goal;
 Choose from the start the better part
 And fortify your soul.

The Toastmaster:

Speaking of the medical profession,
 I have noticed that 14 per cent. of all
 graduates fall into other walks of life
 before they are graduated ten years, so
 that out of this class of twenty-four
 there will be three or four who will
 doubtless go around representing some
 wholesale drug house, or something of
 that sort. (Laughter.) The next sen-
 timent is to be responded to by a gen-
 tleman who is the dean of that very
 prosperous college known as the Dental

College of the University of Southern
 California. I do not know what form
 his response will take, but I do know
 that he is an ideal poet, and whether it
 will take that form remains to be seen.
 He has for his subject, "The Elevation
 of the Medical Profession by the Den-
 tist." As far as I am concerned, I
 have been personally elevated several
 times—Dr. Garrett Newkirk.

Dr. Newkirk said:

Mr. President, Mr. Toastmaster, the
 Faculty of the College, the Alumni, the
 Graduates and Recent Graduates,
 Ladies and Gentlemen: I wish I could
 string that out a little longer. This
 toast is not of my construction. I did
 not choose it. Really, it had not oc-
 curred to me until it was given
 to me that perhaps the dentist
 had been instrumental particularly in
 educating the medical profession. I
 was well aware, however, that the doc-
 tors had been severally and individually
 elevated by the dentists who had them
 in charge. I see by this that it is as-
 sumed that the medical profession has
 been elevated. I find on consulting the
 standard dictionary that it means "ele-
 vated to a higher plane." Colloquially,
 perhaps a slight intoxication, says the
 dictionary also, but to that we plead
 not guilty.

But there is no doubt those of us
 whose memories reach back at least
 forty years know that the medical pro-
 fession has reached a much higher plane
 than it occupied many years ago. I
 myself can remember as a boy when
 the medical profession was very much
 lower than it is today, judged by the

standard of intellectuality, by education, efficiency, broadness and depth, extent of knowledge, aspirations and all that. The medical profession does stand upon a much higher plane. I am not aware that dentistry has had very much to do with that work, but it has done its share.

But what has elevated the medical profession? I take it that it has been in the main the specialization, specialization by men undertaking special lines of work and giving over other branches to other men. They themselves have had more time, have had more opportunity, better facilities by limiting their sphere; they have been enabled to lift their part, and each and all doing the same the whole has been lifted up to the present standard, and it is still to be further and further elevated to a higher plane of usefulness and grandeur.

Now, the dentist has simply done his part. We have simply developed this special method, that is all. Oral surgery has been developed perhaps principally by dentists within the last thirty years. For instance, we have Marshall, who is now at the head of the dental commission, controlling the dentists who have been assigned to the different regiments or divisions of the army. He also is an M.D., but he has been a practicing dentist. I might name others. What they have accomplished has been through the specialization of surgery.

I remember very well many years ago that a great many people were dying of "dropsy" through the country where I lived. We used to hear a great deal about it. And I remember very well when it came to be generally understood

that there was such a thing as ovarian tumors which could be operated upon and the cases cured, and then we began to hear less about "dropsy," and the whole atmosphere in reference to the matter has been changed, all by a specialty.

I would like to throw out a word with reference to specialization, talking rather at random and not recurring to my notes at all. In talking with Dr. William H. Byford, many years ago, he made this remark: "I believe that every young graduate of medicine should go into general practice for a few years until his observation is broadened; until he can reach out and understand the general field, and then he will know better what he wants, the specialty he would like to undertake, and he will be much better qualified to take up and carry out successfully the special work in which he has engaged by reason of the general practice. He said it is a mistake for a young man to start immediately into a specialty without this general practice.

I was very much pleased with the poem which was given to us. I had no intention whatever tonight of having a poem although the dean in his letter to me intimated that I should sling in some poetry. But I did not understand what this graduating class had done to him that he should want to wreak his revenge upon you in that manner, so I have withheld the poem.

One remark that someone made about the attitude of the student at different states of his career, reminded me of a magazine cartoon I once saw. It represented a young graduate in his cap

and gown, delivering his speech, and listening to him was a small being called the world, looking on with great interest, with open eyes and mouth and taking it all in. One year later the graduate had dwindled to about one-tenth of the size of the picture. The world was a great, big fellow, looking very fierce and with a club in his hand, while the young graduate of the year was looking extremely timid and fearful.

But, as in the case described in the poem by Dr. Hagadorn, in time these things are equalized, and the young graduate will, with patience and hard work, win his way to prosperity.

Just one word with reference to our special colleges here. When I came here from the East, a little less than five years ago, I had in my mind the prevalent idea of the East that everything on the Pacific Coast centered in San Francisco, and that Los Angeles and Southern California was—well, not exactly a vermiform appendix—but a small part of the Pacific Coast. But the longer I live in Southern California, the more I appreciate the fact that the best men of the country are coming here in large numbers; that we have a magnificent community; that we have a splendid personnel in our faculties and in our student body, and by comparing medical and dental colleges of Los Angeles with those of San Francisco and further north, I find it to be a fact now demonstrated that, taken all in all, we are in the lead today on the Pacific Coast. (Applause.) There is no doubt of it. And all we have to do is to press forward and be loyal. There is one ele-

ment that is worth its weight in gold, and that is loyalty. It will cover a multitude of weaknesses—loyalty. All that is needed in the medical profession here, in this county, in our dental colleges, is loyalty. Loyalty of every member of the faculty to his duties, to the work which he undertakes; loyalty to the principles of his profession; loyalty to the truth; loyalty of every alumnus to his alma mater; a willingness to do everything he can to uphold and sustain the faculty and college which he represents. That is all that is needed to keep Southern California prominently and always in the lead on the Pacific Coast. (Applause.)

The Toastmaster:

In approaching the next sentiment, I will say that next Thursday will be a very busy day for the graduating class and for all who are interested in this medical college. At 9 o'clock in the morning the class are to meet at the Simpson Auditorium for the rehearsal for the commencement that is to take place that night, and at 4 o'clock the corner-stone of the clinical laboratory will be laid.

We will now hear the gentleman who has been working early and late to bring about the building of this Clinical Laboratory, one of whom we are all proud and to whom we are glad to listen—Dr. Granville MacGowan.

In response to the toast, "The New Clinical Laboratory," Dr. MacGowan responded as follows:

Fellow-Students: For if there are any within the sound of my voice who are not students, it is not to them my

words are addressed. Every good man loves his children, and speaking for the old guard, we love this medical college which through eighteen years we have built up until now we think it is becoming fairly successful and can stand alone. No man can perpetuate himself but by his efforts he can help build a machine, a family, an ecclesiastical machine, a political machine, an educational machine, something which will endure long after he is dead and his efforts are forgotten.

We are building up here in Southern California a medical educational machine. Some of us have dedicated to this a large part of the useful period of our lives. This machine we hope to make the most powerful, the most perfect on the Pacific Coast, for it is not the extending of any one man's wishes or policy, and is not used to help the name or memory of any man of medicine. Our alumni is a part of this machine. You are now looking backward. Each one of you sitting around these tables tonight who is connected with the college in any way, who has been a teacher, professor, instructor, or a student, is a part of this machine, and he owes it to the college of which he has become an integral part or portion to devote at least a part of his time, a part of his money, and a part of his influence social, political and educational, to the perfection of this power.

There has been nothing selfish about this faculty. No outsider gave to it any money; but few gave to it any support. Nineteen or twenty years ago a little band of men started this college—a

band that was headed by that noble man, Dr. Widney—in a little bit of a building down on Aliso street. "There was no place in Southern California for an educational institution to make physicians." Our efforts were looked upon with askance by many members of the profession. What justifies our early work? Our answer is: Becket, Campbell, the two Bullards, the two Ellises, Bradley and Bagge, all graduates of our first class. Each of these holds an honorable position in the medical profession of California. (Applause.)

It is not necessary for me to point to those who came after. There are those who are capable of success greater than others, but each man who does the best he can does the best that God has made him able to do.

Gradually as the years went by we got together, and a few of us—all of us—contributed a few dollars and bought some land. We did not like the old place down there. It was inconvenient for us, and it had become too small. Then a few of us guaranteed a note for a specified sum of money that was necessary to erect a building. The bankers let us have the money not because we had property, but because our names were good, and we guaranteed that if this institution should not be a success that we would pay the indebtedness.

Widney resigned. At that time believing that God had called him to help the educational institution for the making of physicians, he later believed that God had given him powers for the reclaiming of the fallen and for the preaching of the gospel to the poor, he resigned from our institution to become a

missionary. This place was taken by Brainerd. We had a secretary of the faculty, who, though a good physician, was an easy man, who hated to press any one for money. Then came as secretary of the faculty a man who has been the financial builder of this college. (Applause.) A man who says to the students: "You must pay for your instruction; your money is necessary in order that this machine may go on and in order that the funds may be on hand to pay the debts." Dr. Babcock, whom many of you have not liked. He has made you dig up. He has made you furnish the money that has paid our debts. You are looking backward now; you are a part of the machine yourselves. You can see how it is; this money must come in. With the money that is derived from fees we have paid off this mortgage; every dollar of it. We have equipped the college, as you know. Through the benevolence, good-heartedness and educational interest of Wilbur Hendryx, whom God bless and help again—ill times have fallen on him—we were given the means to erect the laboratory. This, however, if I mistake not, we equipped ourselves. That has been paid off. We have no debts. We have property, however, and the name of the institution itself is good at the bank to borrow money on. (Applause.)

It had been considered wisest that we should have a wheel within a wheel; a construction company, so to speak. It is this wheel that owns the property, that equips it, pays the bills. This is known as the Hospital Building Association, of which my good friend Joseph Kurtz has

been president, and I have been secretary since its inception. I pay the bills countersigned by the president, and Babcock obtains the money to pay them with. (Laughter.)

We had a stock company. Each held a certain share of stock to represent the original amount of money which we put in. We have concluded, wisely, I think, to change the character of this. We have concluded to make this institution a benevolent institution; an institution that can receive from any one with clean hands gifts of money or an equipment for the purpose of teaching medical instruction in this City of Los Angeles forever. (Applause.)

To those who—like the professors of Chemistry, Physiology, Bacteriology and Demonstrator of Anatomy—give their time, their entire time, to the teaching, a salary will be paid such as we can afford to pay, and we hope we will be able to pay as high as Johns Hopkins, or any of the large educational institutions. We want the best men we can get; we want them with the best abilities, and we need money for them. In the new organization this property will be held in trust. A man must be a member of the faculty to be a trustee. This faculty is connected with the University of Southern California. It is its medical branch, and I believe its most powerful branch at the present time, and the most successful.

Now we have concluded to give those following you better clinical instruction. We propose to erect as good a clinical building—well equipped—as there is in the country. If there is anything that we have overlooked we will be glad to

have suggestions in relation to it. The ground will be broken for its erection, in fact it is already broken. The corner-stone of this building will be laid on Thursday, and we hope to see you all there at that time. We further hope you will all help us and do so by giving the proper amount of support to this institution.

It is not the policy of this educational institution to adopt that of some of the later ones. To sell its professorships to the highest bidders. We shall endeavor at all times, I think, to obtain the very best men that we possibly can for the professorships. (Applause.)

The Toastmaster:

I feel that we are greatly honored and flattered tonight by the presence and participation with us in these exercises of one who had arranged to perform other duties this evening, and yet who gave them up in order to meet these young practitioners of medicine. It was only a few evenings ago that I heard him introduced to a different audience as "the greatest living Irishman." But tonight I will introduce him as one of the most intense of living Americans. (Applause.) The sentiment to which he is to respond is "Keep your eyes on the brow of the hill," The Right Reverend Thomas J. Conaty.

Bishop Conaty's address was as follows:

Mr. Toastmaster, Ladies and Gentlemen: I wish to acknowledge with gratitude the very great kindness of the invitation of Dr. Lindley in the name of the medical college asking me to be present at this banquet. While many other cares and the strenuous life upon which I have

entered in Los Angeles seemed to demand my time tonight, I felt that it was possible to defer that to some other evening; that it was a duty for me to respond to the invitation, gather with you here, look into your faces, see there the earnestness of a busy profession, and devoted life, and give such words as might occur to me to you in encouragement of the great work in which you are engaged. While my duty is that of the minister of souls, yours is no less great as that of the minister of the body. The medical profession, as we understand it, is a noble profession. Its aims and purposes are of the highest. Its responsibilities are of the greatest, and its results, far reaching, are among the most satisfactory, for the physician has always been a man of distinction, a man wearing the ermine of honor and beloved by all.

It is proper that we should honor the physician, for have we not the words of Holy Writ which tells us to honor the physician for the need thou hast of him, for the Most High hath created him. The physician is a man who holds the secrets of many; a man who enters into the confidence of all; a man who abuses no confidence, who who feels within himself the depth of highest responsibility. After all, what responsibility so great as that which falls upon his shoulders, for he has the responsibility of life, and that is the highest responsibility. God entrusts him with authority over life, and in his keeping are all sacred interests of life. He, of all men, should be the man of integrity, whose word is better than his bond, and whose life is a con-

stant inspiration to the very highest and noblest ideals.

The physician should be a man of reverence, for when he stands in the presence of life he stands in the presence of God's highest gift, and upon him falls the responsibility that that life be lived, that it be lengthened and not shortened, that it be enjoyed in all the fullness of a noble manhood to which by his skill he contributed.

The physician should be a man of faith, believing in the God of life, and leading manhood to the God who made him. He deals in tremendous responsibilities. He lives in tremendous scenes, and his presence has in it something divine. The physician of all men should be a man with respect for the Eternal Law; that law which is higher than the word of senate or legislature; higher than the word of man. He should be a man to respect, in all that relates to life, those highest principles of morality. Morality which stands for life and living, and stands for the highest life and the best living.

The physician should be a man of integrity, for he bears the secrets of mankind. He holds the confidence of peoples. Upon him depends not merely the life that is in his keeping, but those who depend upon that life. The higher moral law, which forbids man to take life, forbids the physician to touch life except to better it. (Applause.) It commands him to upbuild and uplift, and not pull down and diminish. It clothes him with the sacredness of the angel that guards the home and the sanctity of human life. (Applause.)

It has been said that what we are goes

before what we do, and the physician is the minister of suffering, the minister of pain, the minister of gladness and of joy; the minister of love and of life. It demands that he should be a man of responsibility for that which he assumes to do. His character of the highest and the best; a man in every sense of the word; entering the sacredness of home and protecting life; protecting life in all its stages, and never doing that which his moral conscience tells him must be wrong.

The physician should be a man equipped for his work. His, no mean task; his, no trifling duty; his, to know what he has to do. A physician, a man of study; not carried away by unreasonable speculation; not accepting as a fact that which is but theory, but living in the presence of knowledge and seeking constantly to so equip himself with knowledge that he can add to the knowledge of the world, and add to the betterment of humanity. He is a minister of knowledge, for who among all men need knowledge more than the man that deals with human life; the touch of his hand; his diagnosis of a case. The methods to be used cannot depend upon chance, nor can they be gathered by intuition; they must be learned; they must be tested; they must be made certain before human life be endangered by his touch. The study of his science, the acquaintanceship with the best man of his profession, the constant reaching up toward the better things of knowledge in the medical world; "with his eyes," as the toast has it, "on the brow of the hill." There are plenty of men at the foot of the hill; there are only a few on the top.

Every man who loves his profession should never cease to find the steps that will bring him to the top of the hill, for the love of his profession and the desire to do all the good that he can should make him anxious to be among the few on the top rather than among the drones at the foot of the hill.

Knowledge and skill have always been the test stones of the physician of prominence and success; always have been the test stones that you and men like you should love to follow, for to know is to succeed, and knowledge comes by earnest and constant and persistent study.

The physician is called to be a man of sympathy. His dealings are with the sufferings of humanity. He reaches down into the lowest scales that he may lift up into the higher and better, those upon whom the hand of affliction bears heavily. He is a man of reverence for the poor and suffering, feeling that the mercenary has no place in the ideal physician's life; not love of gold, not even love of success as success, but love of doing good because he has the power of healing within him. Love of his art for his art's sake. Love of his science for his science sake. Love of the good he can do. That is the inspiration of the physician whom the world loves to call.

Sympathy, confidence—confidence in himself because he holds the confidences of others. Sympathy for suffering and the willing hand reached out to help wherever it can. It matters not if it be in the hovel of the poor or the palace of the rich. With the same firm step; with the same bright smile, the good physician goes equally into

both; I might say goes with more love to the poor than the rich, for the poor needs his services more than the rich, for the rich man can buy services, but the poor man accepts it from the hands of those willing and able to give. (Applause.)

The physician should be a man to improve his opportunities, and no one more so than the young physician. And in this world of ours, in this age of ours, in the splendid chances for educational upbuilding that surround our young men, the opportunities are tremendous. The older men can look back to the day when opportunities were few, but they are making now opportunities for the young, and with liberal hand they are dispensing the riches which they have gathered in the days of their trials. And they stand ready with lavish hand to distribute upon the young men of the day that which has been earned by them by the sweat of their brow, by study in the midnight hour, by the trials and difficulties, without having the opportunities for success which the clinics, the laboratories and study halls of today offer to the young men. The greater our opportunities the greater our responsibilities, for the good God that has given us mind to know, that has supplied the opportunities within our reach, will judge us by what we do in the presence of those opportunities, for to whom much has been given, much shall be demanded. And in this age when devoted men and women stand ready to aid the good physician, when the good Samaritan is multiplied into the thousand and

men are going about doing the work of the Master, doing good wherever they go, the young men of today have great inspiration. And to you, young men of today, I would say that the best book to study today is the lives of the great and noble physicians who have passed through the world doing good as they went. To study the men and their character and to estimate their successes by their fidelity to their duty. Men of self-sacrifice who have never been found wanting even when death was necessary in order that by death they might reach to the doing of good for humanity.

So that grand army of physicians through the world, noble minded, noble hearted, conscientious, upright, loving, skilled and devoted men; they stand as the army welcoming the young men to their ranks and bidding them not to go and do, but to come and follow, and that is the highest possible inspiration to any man in any profession.

And so, gentlemen and ladies of the medical profession, one word sums it all up, and that word is knowledge. One other word supplements it, and that word is the gentlemen. The fineness of our nature, as the gentleman has been defined, should always be found in the physician. The gentleman of conscience who recognizes in the conscience of others the duty of respect. Who never pulls down the faith of others, but upbuilds and uplifts it; upon whose lips there is never a sneer against religion or scoff at sacred things, but who stands for right doing at all times; an angel of mercy, a good Samaritan.

That is the true physician, and, ladies and gentlemen, as a minister of the souls of men I give you greeting tonight, recognizing, as out of the fullness of my heart I must, the great good that the physician has done in the world, the greater good that the physician in our day is doing than in any other period of the world's history. And in this land of ours where every opportunity presents itself for building up into that knowledge which every profession demands, as Americans loving humanity and the God that made it, physicians all, inspiration to the highest and best, with your eyes on the brow of the hill, whether that hill be of knowledge, or of goodness, or of healing, where great men have stood, and where you are called to stand, so live that the world may always pass its judgment upon you as the good man doing good to his fellow-man. (Great applause.)

The Toastmaster:

With these words of rare inspiration, not only to the graduates but to everyone, our exercises are closed. We will conclude by singing "Auld Lang Syne."

Thus closed an ideal evening, and the committee of arrangements, consisting of Dr. J. A. Colliver, Dr. John L. Kirkpatrick and Dr. Randell Hutchinson, can well be proud of the success of their work.

The next event during graduation week was the laying of the cornerstone of the Clinical Building. The Los Angeles Daily Times of June 17th reported as follows:

"Surcease for Indigents' Ills—Free Clinic for College of Medicine—Cor-

ner-stone of New Structure Laid Yesterday by Founder of Original Plant of Twenty Years Ago—Profession that Gives Its Discoveries to Humanity.

"Dignified ceremonies attended the laying of the corner-stone of the new clinical laboratory of the University of Southern California yesterday afternoon.

"The foundations of the new structure are partly constructed in the rear of the College of Medicine on Buena Vista street, making the third building in the group, and so industriously is the work being pushed forward that it only stopped for the benediction.

"Prior to the act of laying the stone, addresses had been delivered in the college amphitheater, where the audience occupied the elevated seats surrounding the speakers.

"Dr. Walter Lindley, dean of the college, was master of ceremonies, and Rev. Dr. J. J. Wilkins opened the exercises with an invocation.

"When this college was founded twenty years ago,' said Dr. Lindley, 'the founder, Dr. J. P. Widney, insisted that its financial support must be independently provided for, and in order to advance its financial interests the Los Angeles Hospital Association was formed, with Dr. Joseph Kurtz as president, and Dr. Granville MacGowan as secretary. There was to be no chance for anybody to make money out of the institution, and during all these years these officers have served without compensation.'

"Dr. MacGowan traced the evolution of the hospital from the early-day

'healing-houses,' and referred to Dr. Widney as 'the dear old man,' who decided that Los Angeles needed just such an institution, and forthwith established one.

"The beginning was very humble,' said Dr. MacGowan, 'but it was sufficient for the time, and served until the present college building was erected in 1895. Having paid off all indebtedness and owing nothing, we now have taken another step and will erect a building for teaching medicine and treating the poor.

"It will be large enough for the field, and it will be the very best in every particular that the country can afford. We want the dispensary for the treatment of the poor and we want nobody to make money out of it.'"

Dr. John R. Haynes was then introduced and spoke as follows:

ADDRESS OF DR. HAYNES.

Ladies and Gentlemen: I am glad to see such a large and intelligent audience gathered here on this occasion. It plainly shows that the mission of a technical school of medicine and surgery is one that appeals to the feeling and commands the interest of the best element in our population. If you could fully appreciate the encouragement which this evidence of interest brings to the men whose minds are directing the destinies of this college, you would reveal to yourselves the bond of sympathy which exists between the body of trained physicians in a community like this and the lay population some of whose most precious interests it is their mission to guard. It is in direct response to the promptings of

this mutual sympathy and dependence that you come here today. The great medical department of this university must necessarily be guided and perfected by men of our profession, but its far reaching purposes find their end in protecting and safeguarding the daily lives of you who listen here and of the citizen body whom you represent. The whole motive and principle of an institution like this is beneficent. Its mission is to defend and preserve.

In the evolution of the modern medical college, the relative importance of the clinical department has steadily and remarkably increased. The reliance upon didactic lectures, and the dependence of the student upon his powers of constructive imagination unequipped with concrete material, have given place to the clinic and its vivid object lessons. Truth is thus placed in direct contact with the sensitive nerve terminals, that swiftly and faithfully telegraph its lessons to the brain. Sight and sound touch harvest and wealth of educating impressions at first hand. The clinic is the scientific method of teaching. It is akin to the shop work of the student of mechanics, the field excursion of the botanist and geologist, and the hours the astronomer spends at the eye-piece of the heaven-searching telescope. It was in the way of reason that the medical and surgical clinic should come to be recognized as a feature of the first importance in the education of physicians.

Citizens not brought directly in contact with the work of such a place as this little know the good it does entirely apart from its training of the

future physicians of the land. I doubt if one person in fifty who sits before me—excluding doctors—knows that from 6,000 to 10,000 persons every year are treated or operated upon without charge in the clinics of this medical college. This department has been in operation for twenty years. This immense number of suffering and needy people thus receive the services of the most capable physicians in Los Angeles, absolutely without charge. Their advice and skill are freely and faithfully given and the best results of their earnest study and long experience are applied to relieve and cure the thousand ills that afflict this temple of flesh in those who have not the means to command these services in the regular way. All this is done as a matter of course, by the physicians of the city, and without expectation of reward. It is part of the doctor's life and in keeping with his temper and habit. It is something which grows naturally and inevitably out of the daily routine of his life. In the words of that skilled physician and kindly man, Oliver Wendell Holmes—

"Charity is the eminent virtue of the medical profession. Show me the garret or cellar which its members do not penetrate; tell me of the pestilence which its heroes have not braved in their errands of mercy; name to me the young practitioner who is not ready to be the servant of servants in the cause of humanity, or the old one whose counsel is not ready for him in his perplexities, and I will expatiate upon the claims of a virtue which I am content to leave you to learn from those

who have gone before you, and whose footprints you will find in the path to every haunt of stricken humanity."

The members of no other profession, nor those who pursue any other calling, come so constantly and intimately into contact with their fellow men. The physician is familiar with the environment and inner life of every grade and rank, and the men and women in every walk of life meet the physician under circumstances that fix him in their attention and memory. No small part of the friendly tribute which comes from the wide circle of those who know him are joking thrusts which laymen delight to discharge against the armor of his steady and unruffled good nature. They are fond, for instance, of speaking to such a toast as, "Our medical advisers, they lead us to a brighter world and show us the way." All right, I accept the gauge, but I am prepared to show that they do lead to brighter worlds and also show the way, I do not mean the world to come. I do not believe there is anything more dark and dismal than the world in which the dyspeptic lives. Now, when the doctor leads one out of such a world into the bright and hopeful realm of health, he carries him, it seems to me, into a sort of heaven on earth.

Another vital point against which the sword thrusts of laymen have many times been aimed—and not always without deadly intent—is the veracity of the man of pills, powders and scalpel. If my professional brothers had not through all these generations possessed

some defense as invulnerable as the target of Rhoderick Dhu,

"Whose brazen studs and tough bull hide

Had Death so often dashed aside," their reputation for truthfulness would have utterly succumbed and perished so long ago that today it were forgotten. But here, in your presence, I wish to "cast aside" this protection and trust to the good sword of truth and candor to accomplish even a more perfect defense.

If the experience and necessities of the physician's life, and his patients' needs, have led him to adopt a policy unlike that demanded by our courts of law in their admonition to "speak the truth, the whole truth, and nothing but the truth," do you think it has been from a reckless and utterly selfish motive? Do you think the physician can show no philosophy to fully justify his course? It is a maxim of our craft that, "A physician's first duty is to his patient; his second, only, to himself." Another is, "Beware how you take hope away from any human being." Now, if in protecting from harm the slender thread of life, and nursing back to volume and force the trickling, wavering current of vitality, it becomes necessary to adopt the course which has exposed the doctor in all ages to the unkind shafts feathered with the charge of mendacity, is he who unhesitatingly accepts this risk not a hero?

"The Creator clearly intends to blind most people as they pass into the Dark Valley." Now, if the physician comes to correctly interpret and forward the divine purpose, is he worthy or un-

worthy? "Beware how you take hope away from any human being." Plain speaking and plenty of discreet silence is the doctor's rule.

The material risks of contagion and disease which the physician faces on the physical side of his own life is not without an accompaniment of danger on the moral side. For, when he is justified in tampering with truth in defending from the grim destroyer the great interests with which he is entrusted, his moral sense is thereby endangered, and there enters the possibility that he may sometime lay aside that discrimination which at first points out the cases when such modification of the truth is justified by its necessity. Our profession offers abundant opportunity for falsehood—no doubt of that. Therefore greater honor to the men who successfully resist its temptations and who never artificially shade or color the light of truth except for truly beneficent purposes. No other class of men are so often entrusted with the confidences of the human heart as the physician. And how rarely is it misplaced and abused! Is the physician a man without the genuine love of truth and honor, then?

Doctor Holmes relates a personal experience in connection with this thought. When he was a boy, a grim old doctor in a neighboring town was struck down and crushed by a sledge. He got up, staggered a few paces, fell and died. He had been in attendance upon an ancient lady, relative of Holmes, who at that moment was lying in a most critical condition. News of the accident reached her, but not of its fatal character. Presently the minister

of the parish came in and a brief conversation like this followed: "Is the doctor badly hurt?" "Yes, badly." "Does he suffer much?" "He does not. He is easy." And so the old gentlewoman blessed God and went off to sleep, to learn the whole story at a fitter and safer moment. The minister was a man of truth and he showed himself in this instance a man of wisdom.

The physician's wide experience, the variety of his outlook and contact with life, give him a wealth of material and a catholicity of judgment that, when unlocked by the peculiar intimacy and confidence obtaining between him and his patients, enable him to effectively and fitly act as their trusted adviser, their counsellor and friend, in many other than technical affairs.

I am perfectly aware that, in this critical world, the man who blows his own trumpet or that of his chosen calling, is exceedingly apt to play a solo. Nevertheless, I can but say to you that my conviction, strengthened by thirty years' knowledge of the facts, is that the members of the medical fraternity are the salt of the earth. If it were not for the fact that I see before me gentlemen of the cloth, I might say that the medical profession is the noblest profession of them all. I will say with the utmost confidence that there is no nobler work than ours. It requires no keen discernment to discover the necessity of a favorable judgment on this statement. By day and by night he works, unceasingly, unselfishly, facing disease and unseen dangers without quailing. He is always equal to the situation and the need.

When his lot has been cast in the country in times less equipped with conveniences, he has defeated and outworn more difficulties than a pioneer mail stage, and carried healing through it all to the remotest who needed him. And how frequently the only compensation he could anticipate would be that which assumed the form of sacks of potatoes, loads of wood, or other products of the first cultivated spots of the wilderness.

From the pioneer days through all our advance toward a more complete equipment of material conveniences, he has led the way or fully kept pace. In the environment of a metropolis of the twentieth century he impresses into the service of his ministry to the sick every improvement and discovery which increases precision, excludes risk or saves time when critical moments are at hand. There is scarcely a discovery or invention of those who are pioneering on the frontiers of physical and chemical science which cannot be and is not promptly brought, directly or indirectly, into the service of the physician.

It takes a braver battalion to make a charge against the invisible foe and the smokeless powder of today than against the smoking breastworks of a generation ago, which at least afforded the comfort of definitely locating the enemy to be overcome. So, it demands a higher type of courage to offer vigorous, unflinching battle to the unseen demon of pestilence and virulent contagion than is required in the open and noisy conflict which men call war. But on those occasions of dread memory when the banner of the plague has been

suddenly unfurled in unsuspecting communities, when the "yellow fever" epidemic has wrung from despairing hearts a quick call for help, the response from our standing army of doctors and nurses has never been a faltering one. But fix it forever in your minds that these volunteers knew as positively as history can teach that the rate of mortality among their own number would certainly far exceed that of any military campaign. But humanity loves the spectacular, and her poets and historians sing the praises of those heroes whose deeds have been accompanied by the smoke and thunder of battle, while the men and women who have exercised the highest courage of which the soul is capable, who have walked without hesitation into the most deadly places, without the hope of glory or the stimulation of excitement or martial music or military display, are left without their proportionate and deserved honor.

But, after all, it is only those who face responsibilities that develop greatness, and the duties and responsibilities of a physician's life call into existence the greatest and kindest qualities. He must be at once fearless and tender; prompt to act and steady to guide and restrain; charitable and yet just; ready and able to direct the most momentous affairs of life, and equally ready to perform the humble duties to which a white-gloved waiter would disdain to stoop. The necessity of developing such a character is recognized and foreshadowed in the advice once given to a class of medical graduates at Harvard. "The first counsel I would offer," it was said, "is this: Form a distinct

plan for life, including duties to fulfill, virtues to practice, powers to develop, knowledge to attain, graces to acquire." This advice is the natural outgrowth of a veteran physician's knowledge of the needs of his calling. The practice of this profession develops these qualities, too. And, moreover, "you can hardly cultivate any root of sturdy virtue but it will bear the leaves and flowers of some natural grace or other." Is it not a significant fact that one of the metaphors employed for generations to illustrate the character of Christ is to speak of him as the "Great Physician." It is not only in time of pestilence, but in the common duties which are with him from day to day that the physician must be prepared at a moment's notice to deal with the forces that have in all times most appalled and terrorized humanity. "To face the unveiled figure of Sais requires all the undaunted resignation that we slowly win in our profession."

And thus it comes about that to restore the balance of things, to win counterpoise and compensation, we find physicians as a class, unconsciously, perhaps, but through one of the automatic provisions of the self-preservative instinct, developing a taste for the brighter and more cheery things of life. He refreshes and restores himself with wit and laughter. He seeks enjoyment of a bright social hour and the sunshine of goodfellowship. As there are none who oftener stand face to face with the soberest things of life, so there are none who take a more genuine part in its brightness and levity. It is as if in recognition of his self-poise, prepared-

ness and good humor that the physician, as before stated, has ever been a target for the layman's wit.

As the years go by this old world of ours is steadily taking a more rapid pace. The human machinery of progress is running under a constantly increasing pressure. The physician is the one who adjusts, lubricates, repairs and faithfully watches over the mechanism, "so fearfully and wonderfully made," upon which progress depends. In his care are the dynamos and engines that develop the power which builds nations, which advances the conquest of nature's resources, selects the civilizing influences and keeps the world moving ever forward and upward toward the dimly seen goal of better things. No other man is so close to the life of the people. Because of this his cannot be a soul of limited sympathies. It would be impossible for him not to feel a vital interest in all the affairs which touch the life of the people. Questions of public health and sanitation lead the way directly to an active consideration of the need for social hygiene and social justice. The medical profession is conspicuously characterized by an intensely democratic spirit. There is no class of men more liberal minded or more free than they from the tyranny of the prejudices and rigid customs that fetter and cripple the bodies and minds of those whom they daily work to protect and save. None more fully exemplify the independent spirit which is voiced in the lines,

"I honor the man who is willing to sink
Half his present repute for the freedom
to think;

And then, having thought, be his cause strong or weak,
Will risk t'other half for the freedom to speak."

The true physician, who appreciates his high mission, is heart and soul in every movement for the emancipation and betterment of humanity. Like Dr. Samuel Warren, who at the dawn of the American Revolution laid down his life on the smoking battlements of Bunker Hill, the physician is everywhere and always in the van of every struggle which is meant to free men. If he is true to his training and experience he cannot do otherwise. From the things he looks upon and daily touches that quality filters into his blood and nourishes and determines the very impulses of his soul.

But, when all is told, he does but measure up his opportunities. His position in life is a strenuous but favored one. Exclusive advantages and special privileges open the way for him to learn the inner truths of life, and if he in turn is a potent force for good, it is but the fruit of his opportunities. We can never escape the interdependence of one particle upon all other particles, for the human race is an organism and not a collection of separate units. Therefore if the physician is a strong factor in sustaining and improving life, it is but the payment of a just debt that he accomplishes.

OSCAR MUELLER'S ADDRESS.

Oscar Mueller, Esq., was the next speaker and spoke as follows:

Mr. President, Ladies and Gentlemen: I desire to assure you of my appreciation of the honor conferred upon me

when asked to say a few words upon this delightful occasion—especially as I am not a member of the medical profession.

We have, however, a saying in common: "For every wrong there is a remedy," even though, sometimes, this is merely a theory. *We* frequently endeavor to restrain the commission of wrongful acts by injunction, while *you* use other measures to prevent errors and to stay the ravages of disease. It is well that this building is being erected for the medical, and not for the legal profession, for if the last named were in any wise connected therewith, it would be merely a legal dispensary, where about an ounce of justice would be carefully mixed with a pound of law, and the innocent victim would have to take his medicine.

In the clinical laboratory now being constructed, skillful physicians and surgeons will give their assistance to students who are earnestly endeavoring to learn from those whose success has been enviable. Here there will be administered kindly aid to many children of poverty, and they will be started on health's highway.

After the great Architect of the universe, we should be most thankful for the manifold blessings we enjoy to the great and good men and women of the past and present who have brought our standard of civilization to the high plane it now occupies. We here pay tribute to those whose unselfish work has given assurance of the blessings that this building will confer, and to them we should be truly thankful. They, too, belong to that legion

of princely souls who are adding to the sum total of knowledge and happiness in this sphere of human endeavor. We realize that "Gratitude is the fairest flower that blossoms in the human heart," and express our appreciation to those whose tireless energy has made it possible to have these ceremonies upon this June afternoon.

Standing here in these early years of a new century, benefitted by the triumphs of science, we pause for a moment to consider what the medical profession has done for humanity. Its noble leaders, its high principles, its virtues, and its strong plea for plain living and high thinking always challenge the admiration of the people of every civilized country.

When we try to find the fountain source of the art of healing, we begin with one of the earliest physicians mentioned in Grecian history, Hippocrates, whose memory was treasured by his countrymen; then we trace through the period of time when Galen lived, the greatest physician of the second century; then to the days of Jenner, and finally to those of Pasteur, Gross and other illustrious benefactors who have labored to combat disease and to alleviate the sufferings of humanity. When you hear one speak lightly of the medical profession, he should be confronted with some facts which cannot be contradicted. If my memory serves me correctly regarding statistics, at the close of the 16th century, for every thousand children sent into the world, from fifteen to forty mothers sacrificed their lives, and today the percentage is barely one in a thousand; typhoid fever claims but one-

half of the victims today as compared with but fifty years ago, and the death rate in diphtheria cases in one of the large eastern cities has decreased 60 per cent. in the last few years. Thus we could go on for hours recounting the accomplishments of the medical profession—where it has lengthened life and shortened the periods of pain.

We point with pride to our great American physicians and surgeons whose lives are replete with grand achievements. We are gratified that they gave to the world, among other benefactions, the boom of anesthesia; that they have contributed largely to the advance of surgery relating to every organ of the body. Remember that, when a physician or surgeon makes a discovery which proves beneficial to the human race, he gives it to the world as freely as the sunlight comes from heaven. In almost any other calling, when anything new is revealed, the procedure is to obtain letters patent, form a corporation, place the stock on the exchange, and the article on the market. Not so with the medical profession—all honor and glory to it!

In my humble judgment one name especially adds lustre to the medical profession in this country—Dr. Marion Sims, who, I believe, you call the "father of modern gynecology." The grand results of his life should be an inspiration to every medical student. He practiced successfully in a city not as large as Los Angeles, then in New York City, where his work attracted much attention. The crowning feature of his life was when he traveled abroad and visited the great institutions of

learning, where it is said his ability caused as much favorable comment as was voiced concerning Prof. Lorenz upon his recent visit to the United States.

Our city has experienced a growth beyond the expectation of the most optimistic dreamer, and has attracted physicians and surgeons of rare attainments, but with the benefit must come the burden. Los Angeles has become the Mecca for a large number of charlatans who prey upon the sick and infirm, and ply their nefarious business in every quarter of our city, especially among those poor souls who fall by the wayside in the keen strife of this life. It is a disgrace to our municipality that their presence is tolerated. They are eddies in the great stream of professional life, and this institution, by its very purpose, will prove a powerful factor in lessening their ill-gotten gains.

I say to you, without fear of contradiction, that the medical profession appears in marked contrast to all others in this—that in all centers of population men eminent in the practice of medicine and surgery give their time and talents to students in their chosen life occupation. I make no invidious comparisons, but ask the question—in what other profession do leaders pause in pursuit of fame and fortune to instruct young men who are climbing the steep ladder leading to the top story?

In conclusion, permit me again to state that too much praise cannot be accorded those who here find a field for their good work. Concerning them I leave you with the lines:

"The sweetest lives are those to duty wed,

Whose deeds, both great and small,
Are close-knit strands of one unbroken thread,

Where love ennobles all.

The world may sound no trumpet, ring no bells,

The Book of Life the shining secret tells."

The meeting was then adjourned to the foundation of the new building, where a small platform had been erected, when Dr. J. P. Widney was introduced as the founder of the college and was received with applause.

Dr. Widney referred briefly to the high plane the institution has occupied among the medical schools of the country and spoke with justifiable pride of the fact that no graduate had ever failed to pass the state examination.

"I know a man or a school may jump into notoriety," said Dr. Widney, "but it doesn't abide. The world soon finds the true and sifts out the false. Those of us who had a part in founding the school will soon pass away and its future success is with you, young men and young women, and my injunction to you is to see that it always does faithful and honest work, and with this my hope and final word, I lay the corner-stone."

With the trowel in his hand Dr. Widney placed the last particle of mortar and the stone was lowered into its place. It is plain brown, bearing the inscription: "Clinical Building, June 16, 1904."

The ceremonies closed with the bene-

diction by Dean Wilkins of St. Paul's Pro-Cathedral.

The third and culminating event of the week was the graduation of the twenty-four members of the senior class who had successfully passed the examinations. This took place at Simpson Auditorium. The great auditorium was crowded with an enthusiastic audience. President George F. Bovard impressively conferred the degrees, and thus closed the year's work of this successful and staunch institution. The outlook for this medical college for the ensuing year is most promising, and the new building will be completed in time to be utilized for the fall term. Dr. Widney's earnest words at the laying of the corner-stone gave the spirit that animates the faculty of this college; namely, that they are satisfied with nothing short of the best. The standard of admission has been raised, so that no person who has not fully the equivalent of a high school education will be admitted, and the faculty even urge those applying to secure a degree from some college of liberal arts. At the close of the exercises the dean announced that nine of the graduating class had been appointed to internships for the ensuing year: California Hospital, Los Angeles, Harris Garcelon; Women's and Children's Hospital, San Francisco, Laura Julia Brown, Nellie Sophia Hays; Sisters' Hospital, Los Angeles, Francis Henry Brown, William Henry Syer; County Hospital, Los Angeles, Charles Herbert Blaney, Harrison Albert Putnam, George Carlos Sabichi and Hiram Bradbury Tebbetts.

EDITORIAL NOTES.

Dr. C. H. Alden has changed his address from Redlands to Nordhoff, Cal.

Dr. R. N. Hutchison of Santa Paula has removed to Ocean Park.

Dr. J. J. Clark of Riverside has removed to Santa Ana.

Dr. J. M. Holden of Long Beach has recovered from a serious illness.

The people of Whittier are organizing a company to build a local hospital to cost \$15,000.

Dr. C. A. Briggs and wife, of Pasadena, have gone abroad and will be absent a few months.

Dr. Wm. H. Flint of Santa Barbara has gone East to spend his vacation as usual at Ridgefield, Connecticut.

Dr. E. W. Baum of Bisbee, Arizona, has been suffering from a severe attack of pneumonia, but is now recovering.

On June 1st, Dr. C. E. Rhone of Douglas, Arizona, was married in Los Angeles to Miss M. E. Bosbyshell.

Dr. G. W. Campbell of Los Angeles was recently called professionally to San Francisco.

Dr. W. M. Flournoy of Roswell, New Mexico, has been spending six weeks in Southern California.

Dr. W. W. Hitchcock has been in attendance at the meeting of the American Medical Association at Atlantic City.

Dr. Lewis S. Thorpe, the Los Angeles oculist, has gone abroad for six months' study.

Dr. L. D. Johnson of Whittier, who retired from practice some months ago, has resumed his professional work.

Dr. and Mrs. C. C. Browning of Highland have gone East for a six weeks' visit.

Dr. S. S. Salisbury and family of Los Angeles have been taking in the Yosemite trip.

Dr. William Duffield of Phoenix has

been taking a brief vacation in Los Angeles.

Dr. Win Wylie, formerly of Phoenix, has taken offices with Dr. J. de Barth Shorb and located in Los Angeles.

Dr. M. A. Carrier, formerly of Jerome, is now located at Camp Verde, Arizona.

Dr. G. G. Gere and wife of San Francisco spent a few days recently in Los Angeles.

Dr. Charles M. Stewart, son of Dr. J. T. Stewart of Los Angeles, recently graduated from the College of Physicians and Surgeons of San Francisco.

New York is endeavoring to conquer the dangers of tuberculosis by sprinkling the streets with water containing a solution of some powerful disinfectant.

Dr. J. T. Stewart, of Los Angeles, who has been seriously ill for the past two months, is again able to attend to practice.

Dr. L. M. Powers, Health Officer of Los Angeles, is having trouble with Chinese doctors attending cases of diphtheria and calling it stomach trouble.

Drs. Ida B. Parker, H. I. Gardner, K. E. Watson, J. A. Pfeiffer and E. T. Lee have been appointed a board of health of Santa Ana.

Dr. D. W. Hasson of Buena Park, Orange county, has gone to Chicago to take a three months' post-graduate course.

Dr. E. L. Leonard, City Bacteriologist, is now receiving \$125 per month from the city for her services for six hours daily.

Dr. Milbank Johnson has been appointed chief surgeon of the San Bernardino Valley Traction Company. He has appointed Dr. C. E. Ide as his representative in Redlands.

The corner-stone of the new German Hospital was laid on Sunday afternoon, May 29th. Dr. Joseph Kurtz, the

president of the society, was one of the principal speakers.

The junior class of the medical department of the University of Southern California, gave a dinner recently in honor of Dr. J. Lee Hagadorn, associate Professor of Medicine.

The Board of Supervisors of Los Angeles county have set aside two acres of the County Farm and architects are at work on plans for two three-room cottages in which to quarantine lepers.

Dr. Joseph M. King, Professor of Therapeutics in the College of Medicine of the University of Southern California, has gone East to attend the American Medical Association and also to devote a few weeks to hospital work.

At a banquet given by the Orange County Medical Association at Santa Ana on Tuesday, May 10th, new officers of the society were installed, and Dr. Wm. Freeman of Fullerton acted as toastmaster.

The Orange County Medical Association, at its annual meeting, elected Dr. Wilson of Fullerton president; Dr. R. A. Cushman, vice-president; Dr. H. S. Gordon, secretary, and Dr. J. R. Medlock, treasurer. The Board of Censors consists of Drs. Dryer, Jones and Ball.

The Training School of the Pasadena Hospital graduated a class of seven nurses on the evening of May 26th. There was a large attendance, and Dr. Norman Bridge delivered the address, which will appear at an early date in the Southern California Practitioner.

The State Eclectic Medical Society held a three days' session in Los Angeles, closing on May 26th. This was the thirty-first annual meeting of the society, but the first session that had ever been held in Los Angeles.

The Eclectics are to publish a journal in Southern California, to be known as *The Eclectic Medical Journal*. The officers and directors of the company are

as follows: President, L. A. Perce; secretary and business manager, M. B. Ketchum; editor, O. C. Welbourne.

The San Luis Obispo County Medical Association met in the office of Dr. J. J. Nolton on the evening of May 13th and voted to change the meeting night to the second Thursday evening of each month. Among those present were Drs. J. S. Jackson and T. H. Norton of San Luis Obispo, Dr. Dresser of Paso Robles, Dr. S. Helgersson of Templeton and Dr. B. F. Dawson of Cayucos.

Sir Frederick Treves, the great English surgeon, recently passed through Los Angeles. He said: "I am here on a pleasure tour, and will proceed to London. With my wife and daughter I have been traveling in India, Japan and China. I was entertained in India by Lord Curzon and also by Lord Kitchener." Sir Frederick was met in San Francisco by Dr. J. William White of Philadelphia.

The first commencement exercises of the Training School for Nurses of the Santa Ana Hospital was held at Elks Hall on the evening of May 5th. There was but one graduate. The secretary, Dr. C. D. Ball, read a report, showing that the hospital was organized March 1st, 1902, and up to date had treated 228 patients. Dr. Dryer presented the diploma and Dr. H. S. Gordon delivered the address.

Dr. Merritt H. C. Vail, a prominent citizen of Long Beach, was stricken with a fatal attack of paralysis while in attendance on the Episcopal Convention in Los Angeles on May 19th. Dr. Vail was a retired physician and banker, who came to Southern California ten years ago from New Jersey, Vailsburg being named for him. He was seventy-two years old, and last November we noted in the Southern California Practitioner the celebration of the golden wedding of himself and Mrs. Vail. A widow and two daughters survive him.

One of the prominent women in the medical profession in California writes to the Southern California Practitioner thanking us for the appreciation of the late Charlotte Blake Brown that appeared in the May number, and says: "Surely she had and met met her opportunity remarkably—and we who follow her as women in medicine have an example of honest devotion to the highest and best in medical work to stimulate us to great effort."

The New Mexico Medical Society recently held a very successful meeting at Albuquerque. The following officers were elected for the ensuing year: President, Dr. Edwin D. Shaw, of Las Vegas; vice-president, Dr. J. F. McConnell, Las Cruces; second vice-president, Dr. T. B. Hart of Raton; third vice-president, Dr. P. G. Cornish of Albuquerque; secretary, Dr. S. H. Fitzgerald of Albuquerque; treasurer, H. M. Smith of Las Vegas. Dr. S. M. Mellish of El Paso was elected an honorary member of the organization.

We are glad to call attention again to the products of the Phospho Health Food Company of Los Angeles. We have used these foods and know that they are absolutely reliable. The fact that they are made in Southern California should not prejudice our people against them. Possibly if they had been made in Germany or France they might attract more attention. Physicians must learn that Los Angeles is leading the world in many things, and these specialties of the Phospho Health Food Company deserve to be leaders in their line.

The Pacific Hospital Training School for Nurses held graduating exercises at Cummock Hall on Tuesday evening, May 17th. There were seven young women and one young man in the class. Rev. Frank Bristol of Washington, D. C., delivered the graduating address. The following is a list of the graduates: Lulu Albright Evans of San Diego, Metta S. Langberg, E. Eleanor Black-

burn, Margaret C. Montgomery and Berdena Metzger of Los Angeles; Alice M. Durnford of San Bernardino, Annie Brown of Victoria, British Columbia, and Charles E. Holgate of Leeds, England.

On June 1st the Supreme Court of the State declared constitutional the California law creating the State Board of Medical Examiners and defining its powers. This is a great victory for legitimate medicine, and we trust will strike terror to the heart of the quack. Now, let our State Board of Examiners do good, thorough, unprejudiced work and California will maintain a high position in the medical profession. The upholding of this law is the result of a long, hard fight, and those who have carried the brunt of it deserve great credit for their unselfish pertinacity.

The United States Civil Service Commission announces an examination on June 29-30, 1904, to secure eligibles from which to make certification to fill at least two vacancies in the position of medical interne in the Government Hospital for the Insane, Washington, D. C., at \$600 per annum each. Age limit, 20 years or over. Applicants must be graduates of reputable medical colleges. Applicants should apply at once, either to the United States Civil Service Commission, Washington, D. C., or to the secretary of the United States Civil Service Commission in Fresno, Los Angeles, Marysville or San Francisco. Application blank may be secured from the secretary of the local board at any of these California cities.

On Decoration Day, Dr. D. C. Barber, Professor of Pathology in the Medical College of the University of Southern California, and superintendent of the Los Angeles County Hospital, started out with his wife and son and a number of friends for a tallyho drive into the country, and when about ten miles

from town the bolts holding the body of the vehicle gave way and the occupants were thrown down into a deep ravine. Dr. Barber had two of his ribs broken and was pretty badly bruised, while Mrs. Barber suffered the fracture of her left ankle. The boy escaped uninjured. The doctor is now around again, and Mrs. Barber is doing as well as could be expected.

In an editorial in the New York Medical Journal it is stated that the British Commission to the United States reports approvingly the tendency in America to merge instruction in the elementary branches of medicine with the university course so as to reduce to six years the long period otherwise devoted to the two. The University of Southern California is seriously considering this step. By so doing the student will, after graduating from an accredited high school, devote two years to work in the College of Liberal Arts and four years to the College of Medicine, and then at the end of the six years on satisfactory examination receive both the degree of A. B. and the degree of M. D.

At the meeting of the Medical Board of the New York School of Clinical Medicine held April 9, Dr. J. L. Adams was selected secretary of the school and professorial and other distinctions were conferred upon the following in the departments specified: Mental diseases, Prof. E. C. Dent, superintendent Manhattan State Hospital West, Ward's Island; internal medicine, Prof. W. Brewster Clark, M. D.; gastro-intestinal diseases, Prof. Robert Coleman Kemp, M. D.; Assoc. Prof. Graham Rogers, M. D.; hydro-therapeutics, Prof. Alfred W. Gardiner, M. D.; ophthalmology and otology, Prof. George Ash Taylor, M. D.; clinical instructor and assistant, William E. West, M. D.; genito-urinary diseases, Chief of Clinic and Assoc. Prof. C. Stern, M. D.; dermatology, Chief of Clinic and Instructor, L. D. Weiss, M. D.

The College of Dentistry of the University of Southern California graduated nineteen doctors of dental surgery on the evening of May 12th. Dr. Garrett Newkirk, dean of the college, presided. Rev. Frank M. Bristol of the Metropolitan Methodist Episcopal Church delivered the address. President Bovard of the University of Southern California made some remarks in regard to the growth of the Dental College.

Dr. B. M. Campbell, superintendent of the State Hospital for the Insane at Highland, San Bernardino county, has resigned. There has been much internal trouble in that institution, but nothing which reflects in any way on the honor of Dr. Campbell. We understand that he will take up the practice of medicine in Los Angeles and will devote himself to his specialty—nervous diseases.

Dr. W. T. McArthur of Los Angeles was married on June 16th in York, Pennsylvania, to Miss Mary Delia Smith, daughter of the late S. Morgan Smith of York. After an extended tour through the principal cities of the East and a visit to the fair at St. Louis, the doctor and his bride will return to Los Angeles to reside. The last thing the doctor did before he went East was to take out his final naturalization papers and forswear allegiance to Great Britain and

thus become a good American citizen. At the Courthouse on the records just before Dr. McArthur's entry as a citizen was recorded appeared the name of Dr. L. G. Visscher, another of our prominent physicians, who, under the guidance of Dr. F. T. Bicknell, had given up his allegiance to Holland and became an upholder of the Stars and Stripes.

The Delta Chapter of the Phi Rho Sigmas of the College of Medicine of the University of Southern California gave their annual banquet to graduating fraters on Thursday evening, June 2nd. The graduating members are: C. H. Blaney, J. F. Spencer, F. C. Ferry, H. Garcelon, F. H. Brown, H. Syer and C. O. Waterman. Dr. O. O. Witherbee was president of the evening; Dr. Walter Lindlëy, toastmaster; D. M. Caley and J. Harvey Hall, Committee of Arrangements; L. J. Huff and H. Chamberlin, Reception Committee. A delightful banquet was served, and the following members responded to the toasts indicated: Dr. Randall Hutchison, greeting to the Fraters; F. H. Brown, response; Andrew Stewart Lobingier, "What a Fraternity Means;" Dr. Frank Miller, "Early Days of Phi Rho Sigma;" Dr. W. W. Beckett, "Our Alma Mater;" Dr. Stanley P. Black, "The Doctor as a Student;" Dr. J. Lee Hagadorn, "A Story;" J. Harvey Hall, "Good-bye."

BOOK REVIEWS.

MUSSER'S MEDICAL DIAGNOSIS. NEW (fifth) edition. A Practical Treatise on Medical Diagnosis for Students and Practitioners, by John H. Musser, M.D., Professor of Clinical Medicine in the University of Pennsylvania; Physician to the Philadelphia and Presbyterian Hospitals; Consulting Physician to the Woman's Hospital of Philadelphia and to the West Philadelphia Hospital for Women, to the Rush Hospital for Consumptives and the Jewish Hospital of Philadelphia; Fellow of the College of

Physicians of Philadelphia; Member of the Association of American Physicians; President of the American Medical Association, etc. New (fifth) edition, revised and enlarged. In one octavo volume of 1213 pages, with 395 engravings and 63 colored plates. Cloth, \$6.50; leather, \$7.50; half morocco, \$8.00, net. Lea Brothers & Co., publishers, Philadelphia and New York.

Many books have been written on the subject of diagnosis, but none surpasses

the one under review. The author has embodied in it practically everything that we know in diagnosis. It is complete, in that it covers all subjects; full, in that it describes the means of diagnosis at sufficient length to make them intelligible to all; yet it avoids giving the impression of being drawn out. Musser is always a valuable and safe consultant. In this edition, everything is brought up to date, and the book is improved throughout.

The value of the work has been thoroughly appreciated by the profession, and the author shows a determination to keep it abreast of the times. This is the fifth edition that has appeared in ten years.

This book we heartily recommend to the profession, knowing that it will satisfy and please. F. M. P.

MANUAL OF MATERIA MEDICA AND PHARMACY. Specially designed for the use of Practitioners and Medical, Pharmaceutical, Dental and Veterinary Students. By E. Stanton Muir, Ph.G., V.M.D.; Instructor in Comparative Materia Medica and Pharmacy in the Uni-

versity of Pennsylvania. Third edition, revised and enlarged. Crown octavo, 192 pages, interleaved throughout. Bound in extra cloth, \$2.00 net. F. A. Davis Company, publishers, 1914-16 Cherry street, Philadelphia, Pa.

This little work gives in a concise manner the salient points in materia medica and pharmacy, and is based on the standard works on the subject. It is a handy little volume for quick reference, but, like all manuals, disappoints one, if they wish to know anything further than the mere facts. F. M. P.

A TEXT-BOOK OF PHYSIOLOGY. BY Isaac Ott, A.M., M.D., Professor of Physiology in the Medico-Chirurgical College of Philadelphia. With 137 illustrations. Royal Octavo, 563 pages. Bound in extra cloth. Price, \$3.00 net. F. A. Davis Company, publishers, 1914-16 Cherry street, Philadelphia, Pa.

This is a short, simple presentation of the more important facts in physiology, elementary in nature, without discussion of experimental proof or laboratory methods. It will be of value to students taking up the subject of physiology, but too limited for the advanced student.

F. M. P.

THERAPEUTICAL HINTS.

Gude's Pepto-Mangan, like other articles of great merit, is being counterfeited, and these unjust competitors will find that such a course as they are pursuing will prove to be a boomerang. Gude's Pepto-Mangan is too well known to the profession and too highly valued to be replaced by any fictitious article.

MERCURY HYPODERMICALLY.—This 1 per cent. solution of mercuric iodide in oil, is now usually prescribed under the name of cypridol, which does not betray the fact to the laity, that mercury is being administered.

All the disadvantages which are unavoidable with the soluble and insoluble mercurial preparations are avoided with

cypridol dispensed in capsules. These do not affect the digestive organs or salivate even in massive doses. The injections of cypridol are quite painless. Eight minims is considered a normal injection, and this dose can be repeated every day if desired.

Technique—The needle should be introduced deeply into the gluteal muscles, and a short interval allowed to elapse before the cypridol is injected, in order to see if any blood exudes. If there is blood, no injection should be made at this point, as there is danger of pulmonary embolism.

In my somewhat extensive clinical experience with cypridol, I find but one objection. It is, that the symptoms

often subside too quickly, and with syphilitic patients it is difficult to persuade them to continue the treatment unless accidents re-occur.—Abstract from address by Dr. Geo. W. Tobias of New York City.

Anti-kamnia and Salol Tablets and Anti-kamnia and Codien Tablets are particularly recommended for pain in acute attacks of aural congestion.

Gouty eczema is reported as being successfully treated by colchisal capsules. Sixteen capsules daily for the first three days, and then reduce to four capsules daily. Combine with saline purgatives.

Respiton, as manufactured by the Dad Chemical Company, of New York City, is especially recommended where there is faulty elimination, particularly in colds and la grippe. It contains asclepias, tuberosa and berberis. A teaspoonful in a glass of hot water every two hours will effect a complete cure in a few days.

PASSIFLORA.—In hysteria, dysmenorrhea, and as a calmate for nervousness after child-birth, Daniel's Concentrated Tincture Passiflora Incarnata has proven thoroughly satisfactory. During the menopause, it relieves nervousness, controls mental apprehension, and dispels physical discomfort. An Atlanta physician reports a case of general neurosis, resulting from prolonged dysmenorrhea, in which he employed Passiflora with such success that he will use nothing else in future. From nervousness in the infant to paralysis in the adult, Passiflora may be prescribed with the assurance of prompt and permanent results.

NECESSITY CREATES THE DEMAND.—The rapid pace at which the

American people are living draws heavily upon the physical bank account. To withstand the demands of nature large quantities of food are consumed and in many instances proper time for digestion is not given. To retain health, elimination of waste products is as important as nutrition and the presence of rheumatism, gout, asthma, sore throat, lithemia, neurasthenia, etc., many times indicates that the organs of elimination are not properly functioning, and that waste products, especially uric acid, are being stored up in the system. In these conditions an eliminant and uric-acid solvent is indicated, and as a remedy which has stood the test of time and rendered most excellent services in these cases, Hayden's Uric Solvent is highly recommended. This preparation is a product of the laboratories of the New York Pharmaceutical Co., Bedford Springs, Mass., who need no introduction to our readers, but we mention it as it means "standard of merit." Write them for booklet, "Human Laboratory."

Collargolum may be introduced into the organism by inunction, subcutaneously, by mouth, rectally and intravenously. When given by inunction, absorption takes place in the upper layers of the corium. The dose of collargolum ointment (unguentum Credé) is 1 to 3 grams, given one to four times daily. In chronic sepsis (furunculosis, puerperal fever) up to thirty inunctions may be given.

There is still some difference of opinion among physicians as to whether the preparations of the active principles of cod liver oil fully replace the administration of the oil itself. There can, however, be no difference of opinion as to the superiority of these preparations during certain periods of the year. During the summer months, especially, we have found them of great use, for there is a marked loathness on the part of

patients to take emulsion or preparations having an oily nature. Among these preparations we have found Hagee's Cordial of Cod Liver Oil one of the most satisfactory. It is exceedingly palatable, can be taken by those with the most delicate digestion, without any disturbance of the same, and its effects are rapidly observed.—*Colorado Medical Journal*.

Brewer's yeast is not an ideal pharmaceutical preparation *per se.*, and this is perhaps one of the chief reasons why it has not been recognized as it should be in America. Its frothy appearance and odor (unless quite fresh) make it repulsive, and on the continent, where it is prescribed most extensively, it is never used in this form, but as the pure, cultivated yeast cell of the *sacchromyces cerevisiae* in a desiccated form known as "Cerevisine." This represents in a concentrated form, (which can be kept indefinitely) the ferments, nuclein, nucleic acid and phagocytic action which are essential to its therapeutic effects. With such a pure product, careful medical reports should be reported through medical journals and at the county societies, in order to demonstrate the very remarkable properties which have so many applications and are distinctly on the lines of modern therapeutical progress.

Hysteria is the expression of one form of nervous debility. Celerina is thus peculiarly indicated because of its tonic effect on the whole nervous system.

The ancestral foundation of all the liquid antiseptics before the medical profession is Listerine; happy in name, happy in formula, and happy in time of birth. It has been, is, and ever will be, first and foremost in this field. The Lambert Pharmacal Company is to be congratulated on its success.

Antiphlogistine now enjoys perhaps greater popularity in the treatment of pneumonia and other acute respiratory diseases than any other local application. This popularity seems to be well deserved. It may not modify the course of the disease to any great extent, but it certainly proves of the greatest comfort to the patient, and helps to ameliorate some of the troublesome symptoms which are characteristic of the disease. Antiphlogistine must therefore be considered a distinct addition to our therapeutic armamentarium.—*The Medical Standard*, March, 1904.

Dr. H. R. Loux read a paper, entitled, "The Local Treatment of Gonorrhoeic Infections."

Dr. Loux stated that, although a continuous service of eleven years in one of the largest genito-urinary clinics in America had afforded him unusual opportunities for observation, he had never written a paper upon the treatment of gonorrhea, because no method heretofore suggested proved, upon prolonged trial, to be an advance worthy of commendation. Clinical observation in thousands of cases convinced him that gonorrhea is too often grossly mistreated. He deprecated the use of strong, irritating injections because they aggravate the disease and damage the urethra, and stated that treatment of acute anterior urethritis by irrigation is to be condemned because it causes an extension of the disease by continuity. He quoted statistics, reasons and authoritative statements to show that these opinions represented the beliefs of the leading and most conservative genito-urinary surgeons.

The speaker stated that during the past year and a half the results at his clinic at the Jefferson Hospital and in private practice, had been much better than ever before; this statement he based upon the observation of several

thousand cases of gonorrhea at all stages. The reasons for this improvement he ascribed to careful local treatment, in which he abandoned, absolutely, the use of any drug as an injection which can cause the slightest irritation. Dr. Loux stated that, in a general way, his methods of treatment were as follows: For acute gonorrhea, he prescribes light diet, with very little meat, no fats, fruit or alcoholic beverages, but allows as much skimmed milk as the patient can drink. If the infection is confined to the anterior urethra, he prescribed the injection of two drachms of a 10 per cent. solution of argyrol, held in the urethra ten minutes; this injection is made in the morning, at noon and at night. Internally, he prescribes capsules of copaiba, cubebs and sandalwood three times daily. This treatment is practiced for one week, during which time the discharge will almost if not entirely cease; there will be no pain or irritation by the injection or upon urination, and the gonococci will disappear.

If, at the end of one week, the urine remains continuously shreddy, a weak solution of astringents is employed and of these drugs he preferred zinc sulphate, iodide, chloride, hydrastin or berberine muriate, but emphasized that these astringents should not be used during the first week of the disease and never in solutions sufficiently strong to produce pain or irritation.

If the two-glass test shows cloudy first and second portions of the urine, showing the presence of antero-posterior urethritis, he irrigates the anterior urethra with a warm solution of boracic acid in order to remove the accumulated secretions. Then he makes deep instillations of 20 per cent. argyrol solutions

once daily or on alternate days; the inflammation of the anterior urethra is treated in the manner already described.

RACE SUICIDE.—The *Chicago Inter Ocean* points out the well-known fact that, with the imperfections of the vital statistics in this country, we can form very little idea as to the increase or decrease of the birth rate. But abroad, where special records have been kept most accurately for years, the case is somewhat different, and the question of race suicide can there be put to the test of fact. It quotes from the recent volume of H. G. Wells, "Mankind in the Making," which applies this test to England and Wales, and finds that, while the birth rate has declined between 1850 and 1896 from 33.8 to 28 per 1000, the death rate has also declined from 23.3 to 17.7. Subtracting the death rates from the birth rates leaves a normal increase of the population and shows only a fall of 0.2 per 1000. But he still further shows that the ratio of illegitimate births has declined in England and Wales from 2.2 in the period from 1846 to 1850 to 1.2 in the period from 1896 to 1900, and that but for this decrease an actual rise of 0.8 per 1000 would have been shown by the figures. This would indicate that England and Wales are not only not becoming decadent by the decreasing birth rate, but are becoming more moral, and in this counteract the deficiency of 0.2 per 1000. The fact is that the question of race suicide is really a local one. It may be a serious fact in certain sections, but applied to large territories or whole countries there are many factors which have to be considered, and which will necessarily call for much reserve in any conclusions that may be deduced.—*Journal American Medical Association.*

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DR. H. BERT ELLIS } Associate Editors.
DR. GEO. L. COLE }

A PLEA FOR COMBINING THE X-RAYS WITH SURGERY IN MAMMARY CARCINOMATA.*

BY ALBERT SOILAND, M.D., LOS ANGELES, INSTRUCTOR IN ELECTRO-THERAPEUTICS
AND RADIOLOGY, MEDICAL COLLEGE OF THE UNIVERSITY
OF SOUTHERN CALIFORNIA.

Notwithstanding the fact that a great mass of X-ray literature has been ushered upon the medical profession during the past two years, we are still far from unanimous in our opinions as to the value of this potent force in certain surgical affections.

With a view, therefore, of soliciting some discussion from you who are interested in exploring these newer fields of therapeutic possibilities, I have ventured to express my own ideas in regard to combining the X-rays with surgery in a particular class of cases which do not always respond favorably to surgical interference alone.

A woman comes to the surgeon complaining of a hard lump in the breast, and with sharp, darting pains at irregular intervals. The surgeon makes an examination, and informs the patient she must have an immediate operation in order to save her life. If she be sensible she will submit to a radical operation, and then has a chance of getting well. Unfortunately, however, the

woman, if she be young (and they are becoming afflicted younger every year,) will rebel against any mutilation and will try any treatment under the sun rather than be operated upon. Some of these patients come to the X-ray operator.

Assuming, now, that these are cases of primary carcinosis, with or without demonstrable axillary involvement, what happens? If the Roentgen rays are applied in a methodical and careful manner, I am firmly convinced that great relief can be obtained in a majority of cases. I want to be distinctly understood, however, that in all primary cases of tumor of the breast, I earnestly recommend extirpation. On the other hand, I do not hesitate to treat those who refuse operation, and I have yet to see a case where the Roentgen method, properly employed, has done harm. As a rule, relief from the sharp pains is noticed after a few applications, and then begins a gradual reduction in the size of growth and glands,

*Read before the Los Angeles County Medical Association, June 5, 1904.

the latter responding usually quicker than the breast tumor. This I consider an important prognostic point.

I beg now to refer to the work of Dr. Wm. Allen Pusey of Chicago, a gentleman of high professional ability and one most skilled in the use of the X-rays. Dr. Pusey quotes seven cases of primary mammary cancer, treated by himself. Five of these were referred to him by well-known surgeons, and as the doctor states, "presented highly unfavorable prospects of successful surgical removal." In only one of these seven cases were the X-rays of no avail; the other six responded in varying degrees from complete symptomatic cure to inhibition and reduction in size of growths. My own experience coincides with that of Dr. Pusey.

A little over two years ago I had the honor to report to this society a case of primary carcinoma of the breast treated by X-rays and brought to a successful termination. In my report at that time I stated that the patient was tubercular, and since then I learned that she was dead. I took pains to ascertain if any recurrence had taken place in the part treated by the rays, and was informed that the tissues in this region were sound at time of death. Five other personal cases of "lumps" in the breast, with and without enlarged glands, have responded more or less to treatment during this time. I am still watching carefully three of these ladies who report to me from time to time, and in whom the growths have apparently been rendered fibroid and quiescent. These patients have all refused operations. I am ready to admit that these cases may have been non-malignant, as no microscopic examinations were made. However, they were all referred to me as probably carcinomatous by well-known practitioners.

Turning, now, to the secondary or recurrent tumors, we find that here the X-rays offer the greatest hope. Where

is the surgeon who, when confronted with a patient presenting nodular deposits in the scanty tissues left from a former operation, can promise any relief by further surgical interference? Very likely inter-thoracic glandular metastasis has already taken place, and the case presents a highly unfavorable aspect. If the patient is now turned over to the X-ray operator, surprisingly good results are frequently obtained, and in some instances the nodules disappear.

Dr. Pusey has treated eighteen such cases where there was absolutely no hope of staying the process by any other means, surgical or medical, and in 50 per cent. of which some satisfactory results were obtained.

These cases are reported in detail in Dr. Pusey's recent book on the X-rays.

My own experience in recurrent mammary carcinoma has been a happy one, and while I have not yet had the opportunity to treat a great many, a sufficient number have been exposed to the ray influence with such results as to warrant their employment in every recurrent case, if my judgment is not in error. Some of you have seen the patient whom I was permitted to present to the Los Angeles Clinical and Pathological Society. In this patient twenty or more recurrent nodules could be palpated in the region which had been operated upon a year previously. A six-weeks' course of X-ray applications caused a complete disappearance of the nodules, and practically obliterated the linear scar remaining from operation. Two similar cases have responded nearly as well, and the results are all that could be expected. I do not claim at this early date that these ladies are permanently cured. To all appearances they are well, and aside from the limited motion of their arms, due to loss of tissue on the side operated upon, suffer no inconvenience.

Dr. Bevan, in his recent article (*Journal American Medical Association*, January 2d, 1904.) calls attention par-

ticularly to the beneficial action of the X-rays in recurrent carcinoma of the breast, and suggests that each case operated upon for this disease should be followed by a course of, say, twenty X-ray exposures, beginning immediately after the operative wound has healed. This suggestion is made, based on the knowledge that the rays will destroy epithelial nodules up to quite a large size. Therefore it stands to reason that small and undetected ones will yield even more readily, and an inhibitive rather than a destructive X-ray action is sought for.

The question now arises, how intense shall we make these X-ray exposures, or how far shall we carry the effects in order to obtain the best results for our patient?

For the purpose of illustration, let us divide the action of the X-rays into three divisions or degrees.

First—Tissue stimulation with hypertrophy.

Second—Hyperstimulation, followed by temporary depression, stasis and gradual recovery, with atrophy.

Third—Tissue necrosis.

In the first division there takes place a gradual contraction of all tissues rayed, beginning with the musculature. The circulation is quickened, katabolism and anabolism are increased, a true stimulation is imparted to the nerves, and all physiological processes are hastened and increased. If this stimulation is maintained for any length of time, a gradual hypertrophy will occur of all the tissues within the circle of influence. This I pointed out in a paper read two years ago.

It can be readily surmised, therefore, that tissues so stimulated are in the best condition to limit and ward off pathological cell invasion and is the condition we should seek to obtain after the surgeon has removed all visible disease and referred the patient to us for treatment. A five-minute exposure on alter-

nate days, with a tube which will back up a 3 or 4-inch spark on a 12-inch coil will usually maintain this condition for some time after ten to twenty exposures have been made.

The effect on the skin here is a slight tanning, the parts presenting an unwashed appearance.

Now we have a case wherein it was impossible to remove all of the diseased tissues, or where for anatomical reasons the involved glands could not be extirpated. In this instance we attempt to induce the condition of second-degree X-radiance. With the same tube used in our former case, we expose for ten minutes every other day and in about three weeks we begin to get the condition of over-stimulation. The parts rayed now relax, the vessels fill up, leucocytosis occurs, and a state of inflammation exists, depending in severity upon how much longer X-ray bombardment is continued. It is at this stage that the diseased tissues, which have a lower resistance than the normal ones, begin to lose their vitality, and a general disintegration occurs. If the X-rays be now removed the tissues not involved in the cancerous process gradually recover their elasticity, and absorption of the broken-down mass begins, which is complete in from two to six weeks. I have never seen the toxic manifestations which some writers warn against in any breast cases, presumably due to absorption of broken-down material. On the skin of patients rayed as above, the surface becomes quite tender, dark red, and the epithelium exfoliates several times. When the skin finally clears up, however, as it always does in from three to six weeks, the nodules will have disappeared and the original scar obliterated.

The third stage of necrosis or death of local parts rayed should never be induced. If the rays will do no good when carried through the second reactive stage, it is folly to carry treatment further. It is in this third, or extreme,

state that septic intoxication always takes place.

The practical deductions to be reached from the foregoing would seem to be, first, that a certain specific reaction takes place in tissues rayed, depending in degree upon intensity of rays, and length of time employed; second, upon diseased tissues this action is inhibitory and sometimes destructive, provided they are situated where they can be brought under the influence of the irradiation; third, normal healthy tissue is highly resistant to X-ray injury and quickly recovers from exposures sufficiently intense to inhibit or destroy contiguous diseased tissue.

If we grant this to be true, then, in my opinion, the ideal method of treating carcinoma of the breast would be, first, as soon as a tumor of the breast is reported, without apparent glandular involvement, subject patient to about ten five-minute exposures to a tube such as I have described. This requires from two to three weeks' time. Then operate.

If no involved glands can be detected, remove only tumor in the breast. As soon as wound has healed, subject patient to a series of exposures as suggested by Dr. Bevan. In this manner any undetected foci of perverted cells will be destroyed and the patient probably restored to health without needless loss of arm function, such as follows a Halstead operation.

If, however, when patient presents herself for examination, enlarged glands are found, do not waste any time using X-rays, but operate at once, removing all the tissue that is necessary. When the wound has healed, give the full series of X-ray exposures.

From present observation, I am firmly convinced that this combination of surgery and X-rays will result in a greater proportion of permanent cures than any other method which has thus far been brought to the attention of the medical profession for the cure of mammary carcinoma.

613-17 Johnson Building.

QUARANTINE IN SMALLPOX.*

BY L. M. POWERS, M.D., HEALTH OFFICER OF THE CITY OF LOS ANGELES.

In early days man was unable to combat infectious diseases, so fled from an infected community or locality, thereby sacrificing his local interests, and leaving the unfortunate sick to take care of themselves as best they could. After more settled and less nomadic habits were acquired, instead of the well deserting their homes they expelled the infectious sick from their vicinity as unclean, and left them to perish from neglect and want; as commerce grew and civilization advanced, the Venetians in the early part of the fifteenth century developed a system of quarantine which was to control the plague; and, as time passed, the isolation, nursing and care

of the infectious sick became generally recognized as advantageous in stamping out epidemics and protecting the public health.

The term quarantine was derived from an Italian word, meaning forty, signifying the number of days ships were detained in the first Venetian quarantine. As generally applied at the present, it has no reference to time, and indicates inspection, isolation and disinfection, and may be divided into maritime, inland and house or local quarantine.

The writer does not propose in this paper to treat of maritime quarantine.

Inland quarantine consists of the means that is employed to prevent an

*Read before the Sanitary Conference at Paso Robles, April 18, 1904.

epidemic extending from one locality or district to another. Inspection, isolation, detention and disinfection are in detail the same as in localities.

Much of the confusion and ridiculous conflicts between State authorities have been obviated by the establishment of definite interstate quarantine regulations by the United States Treasury Department. It may not always be necessary to establish a strict quarantine between States or Territories to effect the desired results. The value of inspection along public thoroughfares, or gateways from States or Territories, which are not careful of their sanitary condition, has been greatly appreciated by those of us who have had to look after sanitary matters in the southern counties and cities of California, because the adjoining territories east and south of us apparently totally neglect to make any effort to control smallpox, in consequence of which these sections are almost continued sources of infection to us.

The power given to the State Board of Health is inadequate to prevent or correct negligence and indifference of the sanitary officials of the various cities and counties, for the board has advisory power only, and is unable to make and enforce such rules and regulations as would prevent the spread of any infectious disease from one district to another. Once smallpox is introduced into a section of the State where the authorities are indifferent to their duties or ignorant of the control of smallpox, the disease cannot be suppressed until it becomes almost pandemic, and only from fear of being quarantined do such officials attempt to establish a quarantine. The State Board of Health should be given power to make rules and regulations for the local sanitary officers and to discharge any officer who fails to do his duty by the people in his jurisdiction, or who fails to immediately inform the State Board of Health of any out-

break of infectious disease, so that the State board may keep the neighboring cities and counties properly warned.

The State Board of Health, with advisory and supervisory control of all sanitary officials, could prevent petty differences between officials in different cities and counties, and often prohibit the concealment of smallpox outbreaks.

QUARANTINE IN SMALLPOX IN LOCALITIES.

In very early days it was observed that one attack of smallpox procured immunity from future attacks, so children were designedly exposed to infection in order that they might contract the disease and procure future immunity, regardless of immediate consequences (I am informed that this custom is not entirely abandoned by certain classes in Mexico.) Later the more advanced and ingenious people, finding this practice in case of smallpox proved fatal, conceived the idea of inoculating the disease and securing an attack under more favorable circumstances, and in a benign form. This practice was more successful than the preceding, but produced fresh centers of contagion and often fatal effects.

It remained for Jenner to discover the means of pursuing a system of inoculation which gives immunity to smallpox, and robs it of the power to kill, maim or disfigure.

As a means of prevention of smallpox vaccination has no equal, and there is no doubt were we limited in our methods for combatting smallpox, we would prefer to be deprived of all other means than that one which has withstood organized opposition for over one hundred years, simply because it is a positive prevention, and needs only to be applied to be appreciated. With bovine lymph, purified of extraneous organisms and contamination by the process of glycerinization, all semblance of objections have been removed.

The objection to vaccination is begotten of ignorance, and I am sorry to say many of our profession are not prepared to give good, wholesome advice in so important, though simple, a matter; they vaccinate a child as if going through some formality to satisfy the demands of custom, and teach the parents of children that if one, two or three attempts do not successfully "take," the child is immune to smallpox. The parents listen to such teaching, and believe the doctor knows best until the child contracts the disease. We have seen severe confluent smallpox in a young man who had been unsuccessfully vaccinated eleven times in three months. Again, many physicians will leave the erroneous impression upon the minds of their patients that the larger the scar, regardless of its characteristics, the more certain the protection.

In a well-vaccinated city or community smallpox can do but little damage, therefore we should make every effort to secure as thorough vaccination of the whole population as possible. This can be best accomplished by providing free vaccination for those who are not able to pay for the same, and by enforcing the vaccination laws in our public schools, and making educational campaigns in all workshops, stores, factories or other places where many people are assembled together. By securing the co-operation of the proprietors of such institutions, the employes are usually induced to submit to vaccination.

A well-equipped hospital, isolated from other buildings, but not inaccessible, or better, small cottages, inclosed in a campus ground by a substantial board fence tight enough to exclude all animals. We have found a small dog very useful in keeping cats away from the hospital grounds. We have been convinced by more than one instance that cats may carry smallpox infection on their fur. In 1899, while we were shooting cats that visited the smallpox hospital, a

Mrs. H, who lived about two blocks from the hospital, was attacked with smallpox, and informed us that her pet cat came home about two weeks prior to her sickness with a bullet hole through one ear. All doors and windows of the hospital should be well protected by wire screens to prevent flies from having access to patients, or if patients are placed on cots in the open (a practice we often follow) mosquito netting should be provided. Every fly visiting a hospital should be hunted down and destroyed as a purveyor of infection.

No slops or garbage should be permitted to be thrown upon the ground where flies may congregate.

In case the hospital is connected with the general sewer system, too much care cannot be taken in disinfecting all discharges from patients, and in keeping the closets and sinks well flushed with germicidal solutions. If cesspools and privy vaults are in use, they should be disinfected daily with chloride of lime, and all discharges passed in vessels containing a disinfecting solution. In connection with the hospital a small building consisting of two bath-rooms, a fumigating-room, and a dressing-room, is a necessity, and should be located off to one side of the grounds near the limits of the inclosure, where a patient can receive a warm soap bath in one room and then be transferred to the second room and there be subjected to an antiseptic bath of bichloride of mercury before being permitted to leave the premises.

In order that the medical inspector may be prepared to prevent carrying the infection to others, it is necessary for him to wear such clothing as can be disinfected. We have found a good, long rubber coat, rubber boots, five yards of gauze to protect the head, a small bottle with a 5 per cent. solution of formaline (which we keep in a satchel) a suitable outfit.

A disinfecting-room, bath and dress-

ing-room at the office of the medical inspector is an absolute necessity. Should the medical inspector show any disposition to be careless or indifferent to the precautions necessary to prevent the transmission of the disease, it will tend to create a lack of confidence, and a disposition to disobey quarantine instructions on the part of the general public.

The laws of the State and cities require attending physicians and the proprietors of hotels, lodging-houses and the heads of families to report to the health authorities all cases of smallpox in their care as physician, proprietor, etc. But the courts make it obligatory on the part of the health authorities in case of failure to report, to prove that the doctor or other party who failed to report such case omitted to do so knowingly and wilfully. If the health authorities could convict all persons who omit to report all cases of smallpox, physicians and patients would be more careful to secure positive diagnosis, and would report all suspects promptly to the proper authorities.

It is the duty of the health authorities of any city or community to examine all cases reported to them either by physicians or laymen.

When a case of suspected smallpox is reported to the medical inspector, it is his duty, after confirming the diagnosis, to ascertain the source of infection as nearly as possible, and if the source is not definitely located, the inspector should, in case the disease occurs in an attendant of a school, workshop or other institution where many are assembled, visit the same and examine all pupils or attendants for any evidence of smallpox; and secure from the person in charge the names and addresses of all absentees, in order that he may visit them at their homes and ascertain the cause of absence and sickness. It is also the duty of the medical inspector to ascertain the length of time the patient has been sick, number of inmates in the

house or building which they occupy, their social relations or extent of exposure, the names and addresses of any persons who have visited the sick person since the first appearance of the eruption, in order that he may know whom to detain or release.

The medical inspector meets many perplexing questions in examining suspects, and often will be unable to make an immediate satisfactory diagnosis, and yet the patient may be situated in some building where it is impossible to isolate and care for him until the disease has been developed sufficiently to make the diagnosis certain. A hasty diagnosis may be accompanied by a mistake with the best of men, and time enough to avoid mistakes may cause a spread of the disease under such circumstances. It would lighten the burden of the medical inspector, and protect the public, to have a detention hospital where such a suspect could be removed and isolated without exposure to himself or to anyone else liable to contract the disease until such a time as a positive diagnosis could be made.

In case the patient refuses to be removed to the smallpox hospital, for he has a legal right to stay at home if he so desires, and the health authorities have not the right to force him from his residence, so house quarantine has to be established. In the dwellings of the well-to-do it is possible to isolate a case of smallpox in a room or apartment where no one else has access except the doctor and the nurse.

House quarantine is often the cause of the spread of the disease because it is impossible to maintain a complete quarantine and prevent infection being transmitted, for many such people who will exercise this privilege will not obey instructions or prevent flies from accumulating in or about their houses and thereby becoming saturated with pus from the hands and faces or the clothing of the smallpox patients and then

swarm around the neighbors' tables and infect their food. Cats and dogs visit the premises and eat the remains of the food left by the infected sick which has been thrown out, and then return to their own homes to be fondled by some susceptible person; these animals should never be permitted to leave the quarantined premises alive. We have found cats nestling in the beds of smallpox patients in such a house. No article should be permitted to be removed from such a residence or place in quarantine without having been first satisfactorily fumigated.

As soon as possible after a diagnosis has been made of a case of smallpox, a trained guard should be placed about the house or place, and a complete quarantine established, and the afflicted person should be removed to the smallpox hospital without delay. Too much care cannot be taken in selecting reliable and trained men for quarantine guards, for it is difficult to secure men who will obey orders and not assume too much authority.

The detaining of persons for the benefit of the public health provokes a great deal of dissatisfaction with the selfish, and many demands are made of the guards that will have to be declined with politeness but firmness.

Those who have been sleeping in the same room or apartment, or living together as a family, eating together, using the same towels and toilets, should be vaccinated and detained for twenty-one days, or until the stage of incubation has passed; others who have been slightly exposed, and have had previous vaccination, may be vaccinated and released, but kept under observation for three weeks. Oftentimes it is a very difficult task to decide who should or who should not be quarantined, for the statements of many are so unreliable and misleading, some claiming to have had smallpox or varioloid. It is well for the medical inspector and quaran-

tine officer to depend upon his own judgment in these cases, and be governed by the inspection of the body. The reasons for detaining those who have been exposed and are non-immune are that one cannot depend upon many such persons to report the first symptoms of the disease, so that the authorities may take the necessary precautions to prevent others coming in contact with the infectious sick and thereby contracting the disease, for there is a disposition on the part of exposed persons to disregard the interests of others, and if they have a mild attack of smallpox to ignore the fact. Those detained should be supplied with the necessities of life during the period of their detention, and should any person become sick while in detention a trained nurse can be placed in charge, and such person isolated from others in the same house until a diagnosis can be made and the infected person removed to the hospital.

Suitably-constructed buildings, affording accommodations for the care and isolation of persons who have been exposed, would reduce expenses, and prevent much dissatisfaction, for by such a detention station more thorough and immediate fumigation could be done in infected dwellings, lodging-houses, etc.; and many who have been exposed and are without suitable accommodations could be detained in comfort. A constant watch should be kept upon detained persons for the appearance of a mild form of varioloid.

Every hospital should be supplied with an adequate steam plant for disinfection purposes, but, if this is not possible, in California, where the temperature does not go low, disinfection with formaline sprinkled on sheets or towels in closed rooms, is very effective. Or sulphur burned in a room that has been steamed by boiling water on a small oil stove has the advantage of destroying all insects, as well as bacteria, but with

sulphur fumigation care must be taken not to use the sulphur in rooms where there are metallic finishings on furniture, or sewing machines or pianos.

As soon as any patient is removed from a residence or any place, the room should be immediately disinfected; the clothing of those who have been exposed and detained in the same building from which the patient has been removed

should be disinfected, together with the furniture therein, and each person receive an antiseptic bath as soon as they can be transferred to thoroughly disinfected rooms. The mattress and bed clothing used by the infected sick should be destroyed, excepting such as can be boiled or disinfected by soaking in a 5 per cent. solution of formaline for twelve hours.

COLLECTION AND REGISTRATION OF VITAL STATISTICS

BY O. STANSBURY, M. D., CHICO, CAL.

Mr. Chairman and Gentlemen of the Sanitary Conference: It is a matter of congratulation that there is such a widespread effort on the part of the Census Office and the various health organizations of the country to improve existing conditions for the collection and registration of vital statistics. There seems to be urgent need of this, for the present laws and the administration of the same seem to fall far short of what they should in this respect. The trouble seems to lie in the fact that there exists such a diversity of laws in the various States and cities of the country that the prospect of getting any satisfactory information from the meager reports that are sent out from time to time is very discouraging, indeed; consequently the Census Office, acting in conjunction with the Committee of Demography and Statistics in their sanitary relations of the American Public Health Association, have taken the matter in hand and have prepared and sent broadcast over the country an immense amount of literature bearing upon the subject, with suggestion as to the requirements of the new laws that they hope to see passed in the various States of the Union. "While recognizing the fact that it is not practical to draft a complete law that can

be adopted without modification in the various States and cities which may wish to enact such legislation, their suggestions must be considered as formulating the accepted view of the general scheme for registration and as affording interested parties an authentic basis for constructing a law adapted to local conditions."

The purpose of the movement, as stated in one of the circulars issued by W. A. King, chief statistician for vital statistics in the Census Office, is to give a practical and authoritative direction to the growing disposition to initiate a system of registering deaths in various States and cities, by furnishing, first, an outline of the general principles upon which an effective system must be based, and, second, such further assistance as may be necessary in formulating specific laws adapted to the local constitutional requirements, administrative methods and other conditions. The movement is intended primarily to apply to States which do not have satisfactory laws upon the subject to enable them to avoid the difficulties attending experimental legislation of this kind."

The importance of the collection and registration of vital statistics appeals strongly to everyone who has any deal-

*Read before the second annual meeting of the State, County and Municipal Conference of California at Paso Robles, April 18, 1904.

ings with mortality statistics in their various relations to the general welfare of the public in suppression and prevention of disease. This has been well expressed by Dr. Cressy L. Wilbur, chief of Division of Vital Statistics, Michigan Department of State, and expert special agent of the United States Census Bureau, in a recent address on this subject, who says: "It is unnecessary to recount to an assemblage of health officers the numerous reasons why an accurate registration of vital statistics is absolutely essential to the proper sanitary administration of a State. Vital statistics, and especially correct mortality statistics, are fundamental to a progressive public health administration. It is as unsatisfactory to attempt to conduct a public health service, whether of city, State or nation, without reliable statistics of mortality based upon the immediate registration of all deaths as they occur, as it would be to manage a large business enterprise without an adequate system of book-keeping. To know the influence of modern methods of sanitation and prevention of disease upon the public health, the statistics of death must be accurately known. The progressive health officer must be upon the alert to watch the movement of mortality from important diseases, and he can only judge the success of his efforts at restriction by studying the variations in mortality and in sickness. When shall we finally come to give the necessary attention to this important matter, which will be among the achievements of the vital statistics of the future?"

"While the sanitary importance of correct mortality statistics is doubtless first in your minds as executive public health officers, it should not be forgotten that reliable records of births and deaths are of great value for many purposes. The State owes to the individual citizen that an accurate record should be made of his birth and of his death; such records are indispensable for many legal

purposes. As regards births, especially, I cannot do better than quote from a circular concerning the value of birth records to parents and their children, issued by the Chicago Health Department in many languages."

There is hardly a relation in life, from the cradle to the grave, in which such a record may not prove of the greatest value. For example, in the matter of descent and inheritance; in the relations of guardians and wards, in the disability of minors, in the administration of estates, the settlement of insurances and pensions, the requirements of foreign countries in matters of residence and and marriage and legacies, in marriage in our own country, in voting and in jury and military service, in the admission and practice, in the profession and many public offices, in the enforcement of the laws relating to education and child labor, as well as various other matters in the statutes. As the country becomes more densely settled and the struggle for existence sharper, many of these matters which have heretofore been of minor significance will take a deeper meaning and acquire a greater significance.

The collection and registration of births is attended with more difficulty than that of deaths. This is due to the fact that after death the disposition of the body can usually be controlled. "Physicians and undertakers may be licensed or registered, cemeteries incorporated and transportation or interment of bodies prohibited, except upon official permit issued upon proper authority. In almost every case of death some of the parties come to the front before the burial of the body and the facts then ascertained."

The imperfect manner of the registrations of births, the following extract taken from an editorial in the Philadelphia Press of recent date will illustrate. Commenting upon the recent activity of the coroner and police authori-

ties in discovering a band of criminals engaged (in baby farming) says: "Nothing will ever be accomplished until the lax laws now existing in regard to the registration of births, private lying-in hospitals, the care of babies and their disposition are replaced by adequate legislation. Today it is altogether probable that from 5000 to 8000 births are nowhere recorded. In 1892 it was 29,826; in 1902, the last year for which reports are published, the births were 29,841. In ten years, according to these ridiculous and misleading figures, the births in a year in this city had grown only 15; the population had grown some 450,000. The number of married women in this city in 1890 was 188,326. The number of married women in 1900 was 238,528. Here is an increase in the decade of 49,932 women living in marriage, yet births had grown only 15. From 1892 to 1902, and in 1900 the registration of the City Health Bureau reported only 29,105 births, against 29,764 births in 1890. The population in these ten years had grown from census year to census year 446,527, and the married women 49,932, as already shown, but the registration division of this city could only find 659 less births in 1900 than in 1890. This disparity has but one explanation; the births are not registered. For a dozen years the number has been stationary. Down to about 1890 the number grew with the population. In 1882 the births were 21,237. They increased normally, though undoubtedly deficient, for all of these years, until the city came to pass a population of 700,000 or 800,000. The vast human jungle grew big enough for concealment. From one hundred to two hundred births a week pass without registry."

What applies to Philadelphia will doubtless apply to all cities of equal size.

The discrepancy of deaths reported and the actual number that occur, while

great, will not compare with the unrecorded births, but the number is very great. Dr. Foster, our efficient and energetic secretary of the State Board of Health, writes me that the number of deaths reported to the State Board of Health in the last census year, 1900, was 11,579; the number reported by the census enumerators was 22,506, practically a deficiency of 50 per cent. He states that he thinks with his constant hammering he is getting a larger percentage, but there is no certainty that such is the case.

"In the State of Ohio, the Secretary of State reports for the year ending March 31st, 1902, only 31,720 deaths reported to his department. The State Board of Health attempts to get at this information in another way, but this is entirely inadequate, and of which the Secretary says:

"The local boards of health are required to report annually to the State Board of Health. In 1900, a blank was sent to each board, asking, among other things, for reports of deaths. Thirty-four thousand two hundred and ninety-six deaths were reported to us that year. For the same year the United States census shows 53,362 deaths for Ohio. Ohio is one of the black States on the maps showing vital statistics for the United States. Let us hope that this disgraceful condition will soon be removed."

These reports, while showing a great discrepancy in point of numbers between the census enumerators and the local boards of health, the census report cannot be satisfactory inasmuch as their information was obtained in many cases long after interment, which is of the most unsatisfactory kind.

The States which have a satisfactory system of registration are Connecticut, District of Columbia, Maine, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Rhode Island and Vermont. In these and the cities lo-

cated therein the record is approximately complete as regards the number of deaths registered, but even these are not uniform in methods and results nor in the character of the data recorded.

In Colorado, Illinois, and Indiana new laws have recently been passed which promise better results than the old law which they have superseded, but their entire efficiency has not yet been demonstrated.

The matter of collection and registration of vital statistics is exciting such widespread interest that Congress has passed the following resolutions:

"RESOLUTION BY CONGRESS.

"Joint Resolution Requesting State Authorities to Co-operate with the Census Office in Securing a Uniform System of Birth and Death Registration.

"Whereas, the registration of births and deaths at the time of their occurrence, furnishes official record information of much value to individuals; and,

"Whereas, the registration of deaths, with information upon certain points, is essential to the progress of medical and sanitary science in preventing and restricting disease and in devising and applying remedial agencies; and,

"Whereas, all of the principal countries of the civilized world recognize the necessity for such registration and enforce the same by general laws; and,

"Whereas, the registration of the United States is now confined to a few States, as a whole, and the larger cities, under local laws and ordinances which differ widely in their requirements; and,

"Whereas, it is most important that registration should be conducted under laws that will insure a practical uniformity in the character and amount of information available from the records; and,

"Whereas, the American Public Health Association and the United

States Census Office are now co-operating in an effort to extend the benefits of registration and to promote its efficiency by indicating the essential requirements of legislative enactments designed to secure the proper registration of all deaths and births and the collection of accurate vital statistics to be presented to the attention of the legislative authorities in non-registration States, with a suggestion that such legislation be adopted; now, therefore,

"Resolved, by the Senate and House of Representatives of the United States of America in Congress assembled, that the Senate and House of Representatives of the United States hereby expresses approval of this movement and requests the favorable consideration and action of the State authorities to the end that the United States may attain a complete and uniform system of registration.

"Approved, February 11, 1903."

In reporting the foregoing resolution, the Census Committee of the House submitted the following printed report:

REPORT OF HOUSE COMMITTEE.

"The Select Committee on the Census, to whom was referred the joint resolution (H. J. Res. 184,) requesting State authorities to co-operate with the Census Office in securing a uniform system of death registration, beg leave to submit the following report, and recommend that said resolution do pass, as follows:

"The object of the resolution is to assist the director of the census in attempting to secure the enactment of efficient and uniform laws in the several States for the registration of deaths. The collection of statistics of mortality is of transcendent importance for sanitary purposes. The science of sanitation is coming to be one of the most important considerations of government, and it is necessarily predicated in a large degree upon accurate statistical in-

formation. The Federal government has no authority to provide a uniform system of registration of deaths, but must depend upon local authorities to do that work. Statistics of that character, if they are to have any peculiar value, must be gathered from large areas and at stated periods, covering a number of years. The results of comparison and analysis of statistics can only be reliable if the statistics are accurate. In fully one-half of the States there are no laws whatever requiring the registration of deaths, and in a number of other States the laws are very imperfect or imperfectly administered."

The resolution can only be advisory, but it is believed that if it shall be adopted by Congress it will be given such prominence as to strongly commend it to the consideration of the various State governments, and that good results will follow. It is a matter in which every person in the country is deeply interested.

Now, gentlemen, I have attempted to give the views of some of those who are eminent in this line of work, who are giving their time and best thought to the betterment of the existing deplorable condition on these lines. The co-operative work of the Census Office and the Committee of Demography and of the American Public Health Association, the interest that Congress has taken in the matter by the strong resolutions that were adopted. The vigorous report on the subject by the Select Committee on the census. The consensus of opinion of all of these that the laws, as they exist at the present time in the majority of the States, fail to meet the requirements for the proper registration of births and deaths; that it has become an absolute necessity that we have in the several States a uniform system of laws bearing upon this subject, and that those laws shall embrace the following conditions:

1. Deaths must be registered immediately after they occur.

2. Certificates of death (standard form) should be required.

3. Burial or removal permits are essential to the enforcement of the law.

4. Efficient local registers are necessary.

5. Responsibility of reporting the deaths to the local register shall be fixed.

6. The central registration office should have full control of the local machinery, and its rules should have the effect of law.

7. The transmission and preservation of returns should be provided for.

8. Penalties should be provided.

We wish to urge upon this conference the urgent necessity for the enactment of laws as outlined above and using their best efforts to see that the State of California falls into line in this important matter and use its influence to see that our next Legislature have the matter properly presented to them with such recommendation that may be considered expedient in the matter.

While fully recognizing the fact that no laws can be perfect, still such a vast improvement can be made over our present laws, and, profiting by the experience of the past and steering clear of the shoals and quicksands that sad experience has taught do exist, we have every reason to hope for great improvement in both the collection and registration of vital statistics. Each State to have a central office, with a State Registrar, with his various deputies, whom he will instruct as to their several duties and see that they are performed, with the co-operation of the various county and State medical societies, and keenly sensible of the importance of the matter with a standard certificate of death and the international classification of causes of death, we have a prospect of raising the standard of mortality statistics to that plane where it rightfully

belongs. The State Board of Health is very much in earnest in this matter, and are taking that pride in its work that they hope to see California leading the van in so far as having the most perfect system of laws on the subject of birth and death registration, as well as other sanitary matters, and the proper administration of the same.

This legislation can accomplish little within itself; it needs the active and earnest support of the whole medical

profession, who should take that amount of pride in filling out their part of the certificate, observing closely the system that has been adopted by the various civilized nations in classifying the causes of death, which greatly simplifies the whole scheme of death registration, so that when these reports reach the Census Office the matter of compiling the report and the information gained therefrom will be of inestimable value to the statisticians of the country and sanitarians generally.

MENSTRUAL IRREGULARITIES IN PHTHISIS.—CLINICAL STUDY OF 105 CASES.

BY HENRY HERBERT, M.D., LOS ANGELES, CAL.

It is generally conceded and accepted that pulmonary tuberculosis has great influence upon the menstrual period, but there has scarcely been given a due consideration of this question beyond the statement and general observation that irregularities in menstruation during phthisis are of similar character as those in other cachectic diseases.

The menstrual function, as it is well known, is frequently disturbed in consumptives in a greater degree than occurs in health. It has been observed that in far-advanced cases of phthisis the menses have ceased, and in early cases a deficiency or even an arrest of the menstrual flow has been noticed; but there is one interesting feature in this question, which has not been properly exploited in the literature, and seems to have escaped the observation of most authors, namely, the intimate relation of hemoptysis and menstruation; though E. Smith mentions in his treatise upon phthisis this fact, and notes the occasional hemorrhages at or before menstruation.

I examined 105 cases for the purpose of ascertaining if the first appearance

and the general degree of regularity of the menstrual function had any bearing upon the question of predisposition to tuberculosis. The result showed that 21.9 per cent. menstruated at 13 years of age, and 22.8 per cent. at 14 years of age. E. Smith's maximum percentage occurs between the ages of 14 and 15, whereas my statistics shows maximum between the ages of 13 and 14, this difference probably due to race characteristics.

Inquiries into the history of twenty consumptive females, varying from 15 to 22 years of age, show the remarkable fact of a postponement or delay of the menstrual flow in most of the cases. In eleven out of these twenty patients, or in 61 per cent., menstruation commenced at the age of 16 or 17, whereas the general statistics, including patients from 12 to 60 years of age, gives 14 as the most frequent age of beginning menstruation; eight cases, or 40 per cent., showed subsequent amenorrhea, permanent, or periodically.

It may be generally conceded from these figures that in the course of the life previous to the supposed commence-

ment of phthisis, there was found a tendency to deficiency in the menses; the delay in menstruation in consumptive females, in general, may be accepted as being one to two years later than healthy individuals, whereas in consumptives below the age of 20 the delay amounts to even three or four years. According to these statistics, the irregularity of menstrual function begins in the so-called "pretuberculous" stage, and it may be justifiable to consider this period as a latent tuberculous stage, and therefore it would not be warrantable to draw from this disturbance any conclusions as regards predisposition.

But still more marked are the irregularities of the menstrual flow in all its phases during the active tubercular stage. First of all, I have often noticed deficiency in the amount or even an occasional arrest of the menstrual flow. Out of 105 patients, twelve gave a history of irregular menstruation from its beginning; twenty-nine patients noticed a distinct change from the beginning of their sickness as to irregularity; in fifteen patients there was a marked change in color and quantity of the flow. The menstrual discharge was profuse and excessive in exactly 6 per cent. and deficient in 29 per cent.; these figures correspond with those of E. Smith's findings out of 1000 cases. Occasional or permanent amenorrhea sets in in 37 per cent. of the cases. There is, further, a deficiency in quantity, although in some cases an excess has been noticed. There is a distinct restriction as to its duration by one to three days, a change in color and a tendency to leucorrhoea.

But the most interesting complication, from a practical standpoint, is the frequent association of hemoptysis with the menstrual flow. Usually the hemoptysis precedes the monthly period by one to five days, and seldom continues with the menstruation, unless the latter has been deficient. Out of 105 consumptives, sixty-six gave a history of

hemoptysis; of these sixty-six cases, twenty-nine had the hemoptysis previous to menstruation; six cases had the vicarious menstruation through the lungs, and two cases, vicarious menstruation by nose-bleeding. The onset of hemoptysis is irregular, occurring usually a few days before menstruation, but as soon as the latter appears, hemoptysis ceases. The amount and quality vary also, all degrees occurring from simple blood spitting to severe hemorrhages.

The brief history of the subsequent cases gives a marked illustration of the phenomena, especially of the significance of vicarious menstruation and phthisis.

Case 1—Miss A. R., 18 years of age, advanced phthisis; apparently sick two or three years; menses set in at 15, were regular for nine months, ceased suddenly and amenorrhea since. Has had hemoptysis regularly since disappearance of menses.

Case 2—Miss M. R., 49 years of age, claims that she has been sick for thirty years. For fifteen years (from 30 to 45) she used to spit blood regularly at the time of menstruation; menopause at 45, and since then only once hemoptysis.

Case 3—Mrs. S. F., 32 years of age, has been sick about two years. In course of her disease amenorrhea set in for five months, and during that period, vicarious menstruation occurred in the form of hemoptysis.

Case 4—Mrs. J. H., 37 years of age; sick for five years. Hemoptysis last five years, commencing regularly a few days before menses and lasting until the appearance of the latter. Amenorrhea for last three months and constant hemoptysis since.

Case 5—Miss G. W., 21 years of age; sick for last seven years. The first hemorrhage set in with the first menstruation. In course of her sickness amenorrhea at various times, with hemoptysis; as soon as menses set in hemoptysis ceased.

Case 6—Miss B. G., 24 years of age; sick for the last three years. During last year hemoptysis regularly preceded menses.

Case 7—Miss F. H., 20 years of age; sick for six years. Hemoptysis since one year regularly two or three days ahead of menses.

Case 8—Miss J. H., 26 years of age; sick since one and one-half years. Hemoptysis during last year three or four days before menstruation.

Dr. R. Glinan (*American Journal of Obstetrics*, Vol. XX) reports one case where hemoptysis appeared every month and no vaginal flow for one year; with the reappearance of menses, cough and hemoptysis ceased.

Some of these above-mentioned cases can be truly recognized as vicarious menstruation, as they have by no means the character and dangerous appearance of true hemoptysis, as such patients appeared ruddy and healthy. The explanation for this phenomenon can only be in accordance with the same phenomenon in healthy individuals. It has been observed that previous to the menstrual flow there is an increased blood tension, and it is probably natural that the vessels of the diseased lung give way, as the *locus minoris resistentiae*, unable to stand the higher pressure of the blood.

It is further evident that hemoptysis occurs in women more frequently than in men, which I also had occasion to observe. Another complication of the menstrual flow in phthisis is a slight rise in temperature and pulse, and increased

cough, dyspnoea and subsequent increased expectoration; the latter symptoms are probably due to an increased secretion of the bronchial mucosa, owing to an increased pressure in the circulatory system. All cases of hemoptysis preceding menstruation may be rather considered as vicarious menstruation through the lungs, and its relation to phthisis is manifest from the practical standpoint by its frequency and the probability of checking it by increasing the menstrual flow through emmenagogues. I mention a case under my observation where a severe hemorrhage stopped and was cut short suddenly by the appearance of the menstrual flow.

It would be, therefore, advisable in all cases of severe hemorrhages of the lungs preceding menstruation to produce by all means a natural flow of blood per uterus. Apiol administered daily for one week previous to the expected menses, will check in most cases a threatening premenstrual hemorrhage.

The menopause, or change in life, occurs in healthy individuals in 50 per cent. between the ages of 40 and 50; in 25 per cent. between 40 and 45, and in 25 per cent. at the age of about 50. It is decidedly induced prematurely by phthisis as well as by other cachectic diseases.

Among many cases there were only five consumptives above the age of 50 with a disease of long standing; in these the menopause occurred between the ages of 41 and 46.

315 W. 6th st.

A SIMPLE STATEMENT OF EHRlich's SIDECHAIN THEORY OF IMMUNITY.*

BY STANLEY P. BLACK, M.D., PROFESSOR HISTOLOGY AND PATHOLOGY COLLEGE OF MEDICINE OF SOUTHERN CALIFORNIA.

The question of immunity is one of the most vital subjects to the medical profession and the comprehension of the

theory of its action is of great importance to every physician who desires to be prepared to understand the why

*Read before the Southern California Medical Society, Los Angeles, May, 1924.

and the wherefore of the modern serum therapy. At the request of numerous physicians, I shall therefore endeavor to state, simply and concisely, the chief points in Ehrlich's masterful theory.

Ehrlich assumes that the action of the antitoxine in the body is not vital but chemical, basing his assumption on the following grounds:

First—The neutralization of toxin by antitoxin can be carried out in the test tube.

Second—The reaction between toxin and antitoxin is hastened by warmth and retarded by cold.

Third—The reaction is more rapid in proportion to the concentration of the substances.

The protoplasm is that portion of the cell which has to do with the assimilation of food. This protoplasm is, as we know, of an extremely complex chemical composition. The ultimate molecule of the cell protoplasm probably consists of a central group of atoms with subsidiary groups of atoms arranged around it. These latter groups Ehrlich, taking the chemical term, designates as *sidechains*. The action of these sidechains, in the normal functioning cell, is to unite with the molecule of food and to incorporate this food molecule into the central molecule of the cell protoplasm, or in other words to assimilate it. Some of the food molecules are of simple chemical composition and need no further simplification by the sidechains. Others, however, are of a more complex structure and must be broken up into simpler molecules before they can be assimilated into the central group.

Ehrlich designates these sidechains as *receptors*, and according to his idea, there are three kinds, or orders, of receptors. First, those which unite with the simpler food molecules. These he calls *uniceptors*. Second, those which unite with more complex molecules and at the same time break them up into

simpler molecules, acting somewhat as a ferment. Third, those which unite with the most complex food molecules, and at the same time with some other substance present in the blood or body juices. This latter substance acts on the food molecule through the receptor, the receptor itself being inert. Such receptors thus have the ability to attach two substances to the central molecule and hence are called *amboceptors*.

Ehrlich also assumes that the food molecule has a group of atoms whose function it is to combine or unite with the receptor. This combining group he calls the *haptophore* group.

These ideas Ehrlich has attempted to represent graphically and his original illustrations are here reproduced.

Although no toxin has, as yet, been isolated, on account of their extreme destructibility by heat and chemical reagents, it is highly probable that they are albumenoid in character and hence resemble many of the food stuffs. Ehrlich's supposition, based upon careful experimentation, is that the toxin molecule consists of two groups of atoms, one of which has the power of combining with the receptor or sidechain of the cell molecule, while the other is the specific toxic group. The former he calls the *haptophore* and the latter the *toxophore*. The *haptophore* group unites with the receptor of the cell molecule and the *toxophore* group acts upon the central molecule through the *haptophore* and the receptor.

He believes that the receptors with which the toxin molecule unites are the same receptors whose function it is to unite with the food molecule. Hence when the cell is attacked by the toxin, the cell fails to get its full quota of nourishment. The cell has the power, apparently, of throwing out new receptors to replace those occupied by the toxin molecule.

Weigert was the first to call atten-

tion to the fact that whenever "nature" repairs a defect (as in a wound or fracture) more tissue is produced than is necessary, and that, later, this excess of tissue is "absorbed" or, in reality, thrown off into the circulation. Ehrlich applies this idea to the formation of new receptors by the cell molecule. Thus the cell molecule is stimulated by the need of food to form new receptors. More are formed than are needed and this excess is likewise thrown off into the circulation. These thrown-off receptors still have the power of uniting with the haptophore of the toxin molecule, and so if it meets the toxin molecule in the blood or in the test tube, will unite with it.

An animal which is injected at first with small and then with gradually increasing doses of a soluble toxin, such as that produced by the diphtheria bacillus, will produce and throw off into the circulation immense numbers of these sidechains or receptors. If, now, the blood serum of this animal comes in contact with the toxin, the two will unite and the toxin will be neutralized or rendered incapable of uniting with the receptors still attached to the cell molecule. Such a blood serum constitutes the antitoxin of commerce. Antitoxins have been produced for diphtheria, tetanus, poisoning by snake venom, abrin (alkaloid of jequirity), ricin (alkaloid of castor bean), etc. Anti-bodies or cast-off receptors have also been produced by the injection of a long list of substances which are not poisons but are food stuffs. In the case of bacteria which do not secrete a soluble toxin (e. g. typhoid, pneumococcus, cholera, streptococcus, etc.) the receptors of the third order or amboceptors come into play. Thus in an ani-

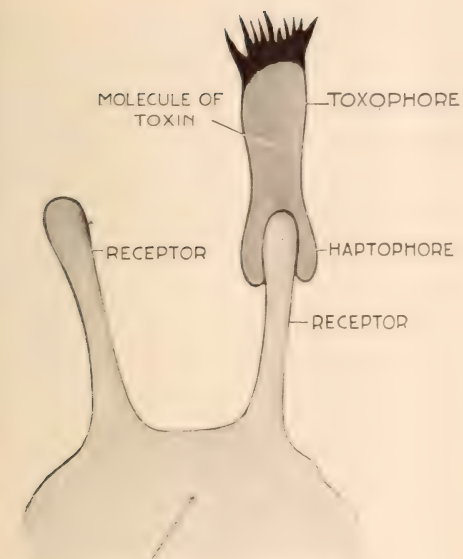
mal which is injected with gradually increasing doses of the bacteria themselves, the amboceptors are produced in excess and thrown off. These cast off amboceptors have the power of uniting with the haptophore of the bacterial molecule, and with the complement, in case both are present. The complement, acting through the amboceptor, will cause disintegration of the bacteria. The complement is easily destroyed by a low degree of heat, by light, by contact with oxygen, etc., so that it is very difficult to preserve. The amboceptor, however, is fairly resistant and so permanent.

The various serums, or anti-serums, to be effective must contain both the amboceptors and the complement, both in proper proportions. A long list of experiments in animals show that such serums are effective in protecting the animal. The great difficulty at present seems to be the extreme sensitiveness of the complement and the failure to preserve this necessary ingredient.

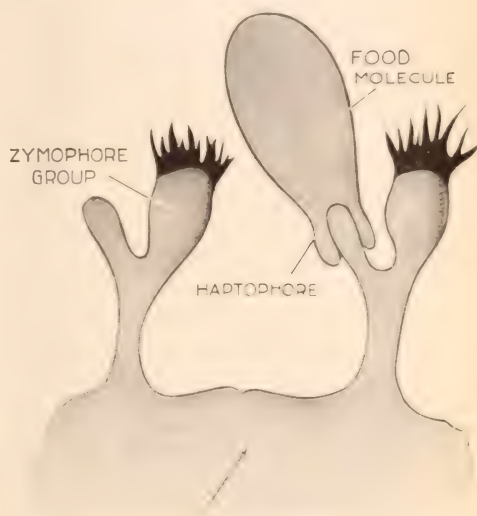
On the basis of the foregoing considerations, we may consider immunity as consisting: first, in the absence of suitable receptors with which the haptophore of the toxin or bacterial molecule can unite (natural immunity); second, in the presence in the blood of a suitable antitoxin or amboceptor and complement.

Such is Ehrlich's great theory which is engaging the attention of the scientists of the profession. There are yet difficulties to be surmounted before we can consider the proof absolute, but a vast array of experiments render it highly probable. In the words of Ehrlich, we seem "to be on the eve of universal immunity."

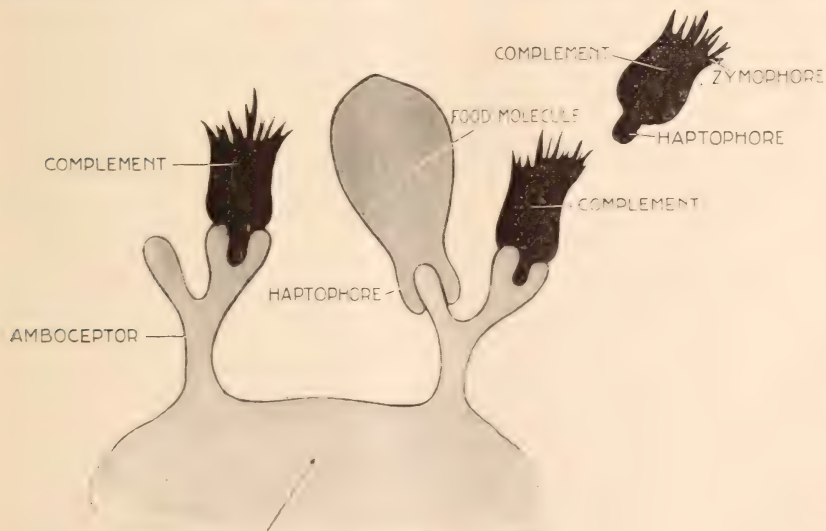
737 Buena Vista street.



MOLECULE OF CELL PROTOPLASM
RECEPTORS (SIDE CHAINS) OF FIRST GROUP



MOLECULE OF CELL PROTOPLASM
RECEPTORS OF SECOND GROUP



MOLECULE OF CELL PROTOPLASM
RECEPTORS OF THIRD GROUP.

MEDICINE AND SURGERY IN SOUTHERN CALIFORNIA.*

BY SMITH L. WALKER, B.A., M.D., TRURO, N. S.

Having recently spent two years in Southern California, a few notes on conditions there may be of some interest to the members of the Colchester County Medical Society.

These were two years of freedom from frost, snow, slush, rain, frozen roads and mud. Two years, with 350 days of bright sunshine in each year, when flowers were ever in bloom, fruits blossoming and ripening all the year, and vegetables and cereals growing continuously. The hottest days were never uncomfortable, and all the nights were delightfully cool. This accounts for the great rush of tourist travel to Southern California from November to April. During December, January and February, nearly every week the Southern Pacific and Santa Fé Railroads bring eight to ten thousand visitors to this land of sunshine and flowers. Many of these are wealthy annual visitors, many are invalids, and many more come to see and to stay. To this latter class the marvelous growth of the City of the Angels may be attributed. A safe prediction is that the present population of Los Angeles of 125,000 will be doubled by 1910.

A city which is thus the Mecca for wealthy tourists and invalids is naturally well supplied with physicians—about one for every 175 of population—to say nothing of multitudes of eclectics, osteopaths, physic and Divine healers, Eddyites, electro-medical specialists, and numberless advertising quacks and charlatans. Since December, 1901, a decided effort has been made to put the unregistered "doctor" out of business. A State Medical Board was then established, composed of representatives of the regular, homeopathic and eclectic medical societies. All who had regis-

tered under the old law, which only required the presentation of a diploma, were enrolled by this board, but all applicants for registration since that date have been compelled to pass a rigid examination before the board. The different medical societies also set aside a portion of their funds for the purpose of prosecuting illegal practitioners. The work of the board has been hampered greatly by opposition from bodies of irregular practitioners and by certain factions in the regular profession; but the standing of the profession in the State is already much improved. One marked result of this State examination has been to keep out a large number of practitioners from other States who have outlived their usefulness in their own States or who have been compelled to seek a milder climate. In the examination held in July, 1902, twenty out of forty-three applicants had been in practice elsewhere from two to twenty-five years; but only three of these succeeded in obtaining the required general average of 75 per cent. An allowance is made in anatomy, physiology and pathology where 60 per cent. is the pass mark, but the whole average must be 75 per cent. In the summer examinations of 1903, eighty-nine of the applicants were recent graduates of California medical colleges, and 84.2 per cent. of them passed; sixty-seven applicants were graduates of other colleges, and only 52 per cent. passed. Of this latter number, about one-half had been in practice from five to thirty-five years, and only 40 per cent. of them were successful; the other half being recent graduates from schools outside of California were successful to the extent of 72 per cent., as against 84.2 per cent. of California graduates. There are now

*Read before Colchester County (Nova Scotia) Medical Society, January, 1904.

five regular colleges of medicine in the State, and their graduates are much more successful in the State examinations than those from other colleges. Without any question there is a desire on the part of the Board of Examiners to keep the field primarily for their own students. The diploma from another State is not recognized unless the matriculating and professional requirements are equivalent to theirs, and they recognize California diplomas in return. As in Canada, the question of medical reciprocity is far from being on a satisfactory basis, and it will be many years before it is accomplished.

The hospitals of Los Angeles are a credit to the medical profession, for, with the exception of the magnificent County Institution for the Poor and the sightly and commodious Sisters' Catholic hospitals, they are nearly all owned and controlled by individuals or companies composed almost entirely of doctors. The best of them are handsomely furnished with from two to five operating rooms of the most approved character. The poor man or woman has no right to be sick in Los Angeles, for hospital charges range from *\$15 to \$50 per week, and special nurses, if required, *\$25 per week extra, besides drugs and the physicians' charges. Physicians' fees partake of that characteristic elasticity which estimates the ability of the patient to pay—feeling his pulse means feeling his purse. Day visits, \$2.50; night visits, \$5.00; office consultation, \$1.50 to \$5.00; and if you come with an introduction from a leading eastern surgeon, the office consultation fee may more likely be \$15.00. Operations are charged for without any rule save to obtain all the patient will or can stand. A wealthy man pays \$1500 for an ordinary appendectomy, and the same surgeon will operate for another man for \$50. Hysterectomies are scaled from \$100 to \$3000. A moderate charge for a Colles' fracture is \$75, while other frac-

tures bring from \$100 to \$500. The minimum charge for obstetrical cases is \$25. As far as possible all the sick are sent to the hospitals, particularly by those physicians fortunate enough to hold stock in some of the paying institutions. The public generally recognize the advantages of good nursing, and trained nurses are in good demand, and are paid *\$25 to \$30 per week. All of the hospitals have training schools connected with the institution, but the training received in the private hospitals is not as thorough as that secured at the County Hospital.† But the nurses in the former acquire a more extended acquaintance with the busiest practitioners, which is of great advantage when they are ready for private nursing.

The grasping, rustling, hustling spirit of the average Yankee seems to pervade the profession in Los Angeles, and by the majority success is gauged by the amount of work accomplished and profits secured. Yet there are very many physicians who aspire to be prominent and successful in a better sense, and the work of these men, both in medical societies and in general practice, will compare favorably with that of any other body of physicians. Probably a dozen physicians each year will spend from three to nine months in study in Europe, and three times that number will visit the hospitals and schools of Chicago, New York and Baltimore for longer or shorter periods. The older men, who did not have the scientific laboratory training now afforded the medical student, have associated with them recent graduates who are well prepared along the lines of modern scientific diagnosis, and the combination is a strong one. Few physicians from the East visit Los Angeles, save as ordinary tourists, but a number from Mexico, Texas and Arizona

*The doctor's memory has lead to some exaggeration in these figures.—Editor.

†Now, doctor, do you really believe it?

come in during the summer months for hospital and laboratory work. Dr. Lorenz, the Vienna specialist, spent a week in the city, held a number of clinics, and was royally entertained. After his departure the local surgeons joined the chorus of critics all over the country. The American surgeon, strong in the belief in his own infallibility, is apt to discredit the innovations of outsiders. It is a national characteristic based upon the maxim—"we are the people."

The general practitioner in Los Angeles, who does whatever surgery that offers (and nearly every general practitioner believes himself a surgeon,) begins his day's work early in the morning. All operating, save emergency work, is done in the morning, beginning at 7 o'clock, and the hospital operating rooms are generally vacant after 11 a.m. All physicians religiously observe their office hours, generally both morning and afternoon, and only absence from the city will induce them to omit or curtail these hours. The amount of office practice is very large, and much of it is gynecological, four-fifths of the patients being women. The corporation surgeons are apt to overdo their office work, as when a patient will go to a surgeon's office ten days with a temperature running from 103° to 105°. Then, too, often a patient is seen in the office one day and operation advised, the patient goes to the hospital that day or the next and the following morning is operated on—there is not the careful study of each individual case. Yet the western surgeon has implicit confidence in his own ability, and the patient's surroundings, nursing, etc., pull him through safely. Critically speaking, however, much of the surgery in Los Angeles will hardly come up to the average of city surgery, either as regards methods or results. Of the profession throughout the southern portion of the State, with very few exceptions, the standing of its members is not high.

The really good men and the self-assured men nearly all gravitate to the city, and "ordinary" describes these members as a whole.

The chief diversion of the California physicians appears to be politics. In every convention are present as large a number of doctors as lawyers, and they are active, influential members. The present Governor of the State is Dr. George C. Pardee, an eye and ear specialist of Oakland. In Los Angeles the most prominent and influential politicians will be found in the medical profession. One of such physicians is said to be the shrewdest political manipulators in the State. He, however, gives a brilliant example to what diversity of interests one man can successfully give attention. In training and ability he would be a leading gynecologist, and until within a year he ably filled this chair in the medical college. He is now dean of the faculty, editor of the leading medical journal of the State,* manager of the largest and best-paying hospital in the city, manager of a famous health resort and summer hotel, the founder and chief trustee of a large State reformatory or industrial school, a director of the largest and oldest bank in the city and a member of numerous other corporations, a member of half a dozen fraternal orders and a most successful real estate investor. Behind this great versatility of mind, there is a pertinacity of purpose which never recognizes the word failure, and which sooner or later brings about the desired end.

The work of some of the surgeons will be of great value to the observer. The rapidity of some of the operators is astonishing. A child will be taken from its room to the operating-room, anesthetized, have tonsils and adenoids removed, and be returned to his room, conscious enough to expectorate the blood, all inside of five minutes. Sim-

*We acknowledge this to be true.—Editor.

ple amputation of the breast, five minutes; ordinary appendectomy or oophorectomy, twelve to fifteen minutes; vaginal hysterectomy, seventeen minutes; prostatectomy, twenty-five minutes. These are the records of one surgeon whom it is a delight to watch. On the other hand, one surgeon is almost tedious in his attention to minutæ before, during and after his operations. He is the only man who confines himself strictly to operative surgery, and, in a city where every general practitioner believes himself a surgeon, he does not receive much support from the profession in general. He is the most scholarly surgeon in the city and is both classical and didactic in his work. He believes in the most thorough preparation of the patient, for weeks, if possible, and is most painstaking to avoid shock. His patients are kept on the table often twice as long as the average case, but are taken to the room almost invariably in good condition. In closing his wounds, he will use two or three continuous catgut sutures, and finally silver wire subcutaneously, procuring the least possible scar. The majority of surgeons in closing an abdominal wound of three inches will only use half a dozen interrupted through and through silk-gut sutures.

The surgeon who does the most and best work in the city still clings to his general practice, but his inability to work thirty-six hours in every twenty-four will soon compel him to confine himself wholly to surgery. Possibly his best work is in vaginal hysterectomies. After the anterior and posterior dissections have been made and the uterine arteries have been ligated he usually bisects the uterus. It enables him to work easier and quicker. He never uses the angiotribe, seldom leaves the clamps in position, uses heavy catgut ligatures, little or no drainage, and the opening is generally closed. The operation seldom takes over thirty minutes. In appendicitis he advocates operation in the

first twenty-four hours, and he makes an inch and a half incision.

The cases of which the general practitioner will see the most are tuberculosis, typhoid, rheumatism, epidemic pneumonia, diphtheria, scarlet fever, smallpox and all varieties of gynecological and genito-urinary work.

In typhoid, cold tub baths and spongings, with a nourishing liquid diet, by no means confined to milk, is routine treatment. Hemorrhages are frequent, but stimulants and saline infusion are successfully employed. The surgeons believe in immediate operation upon the first signs of perforation. Epidemics of diphtheria are frequent—immediate and large doses of antitoxin constitute the treatment; one case of sixty thousand units with recovery is reported.

Appendicitis is fashionable and therefore frequent, and every practitioner operates. Many operations are for chronic cases, which, however, often continue to have subsequent inflammatory attacks in the same region. The turned-in cuff with purse-string suture, without cauterizing, is the favorite closure of the stump.

The appearance of the plague in Mexico, San Francisco and other Coast towns was the signal last year for a crusade against rats and a pretension of cleansing the Chinese quarters.

The problem of tuberculosis is a vital one in Los Angeles and vicinity. The best authority on this subject states that one hundred and fifty thousand die of tuberculosis every year in the United States alone; that seven millions now have the disease, and that five hundred thousand will be attacked by the disease this year. With these appalling figures in mind, and remembering the supposed advantages of a climate such as is found in Arizona, California, Colorado, and elsewhere, it is not surprising that thousands of tubercular subjects seek these favored States and Territories every year. The vital statistics of Los Angeles show that 50 per cent.

of the deaths are of persons who have resided in the city less than one year, and these are nearly all cases of tuberculosis. Little wonder is it that when the pendulum of popular belief swung to the side of the contagious nature of the disease, a spirit of phthisiophobia should be developed among the profession and laity of Southern California. This same dread of the disease developed to such an extent in New York as to secure legislation excluding the tubercular immigrant and hampering the establishment of sanatoria in cities, towns and villages. An agitation towards the same end was started in California, but the thoughtful leaders of the profession declared such restrictive legislation to be inhuman, unjust and unscientific, and the effort failed. Yet, to a great extent in Los Angeles, the consumptive is refused admittance to hotels, lodging-houses, and hospitals. Of course the patient of means can secure admittance to hospitals or sanatoria, but these are few in number. The patient with barely enough to pay his board is indeed in a sorry plight, away from home and all its comforts, among strangers an unwelcome visitor, almost hounded from house to house, until at

last he dies, uncared for and neglected. A physician who will permit, much less advise, a patient in the last stages of consumption to cross the continent in search of health is almost guilty of malpractice. To counteract this growing phthisiophobia, two things are necessary. It is first the duty of the profession by all means in their power to combat the prevailing idea that the disease is a *dangerous contagious* one to be classed with diphtheria and smallpox. It is their duty to teach, rather, that it is a *communicable preventable* disease, and one which can be *cured* in its early stages. Only by such teaching can the consumptive be given a comfortable chance for his life in the favored districts of California and the West. In the second place, keep your tubercular patients at home, particularly those in the later stages. It is as inhuman to send such patients among strangers as it is for such strangers to refuse to receive them. Only when such a patient is able to work and can secure work in the West can it be permitted to have him leave home. Preach the advantages of fresh air, good food and happy surroundings, all of which are ever present with us.—*The Maritime Medical News*.

SELECTED.

DEPARTMENT OF TUBERCULOSIS.

CONDUCTED BY F. M. POTTENGER, PH. M., M.D.

THE POINT OF ELECTION IN PULMONARY TUBERCULOSIS.—In a contribution to the *Zeitschrift für Tuberkulose und Heilstättenwesen*, Bd. V, Heft 5, 1904, J. O. Cobb, of the United States Public Health and Marine-Hospital Service, deals with some of the more important problems relating to infection in tuberculosis, and offers a theory by which we may account

for infection taking place most commonly in the apices of the lungs.

Many different hypotheses, "such as the different angles of the two bronchi causing infection on the right side; the unstableness of the places in mammalian life, postural effects in certain vocations, reversal of the respiratory rhythm, atelectatic zones, etc.," he mentions simply to condemn. He starts out

with the statement "that the reasons for the constant deposit of foreign matter and bacilli in a certain part of the lung in man, must apply in like manner to the deposits in a certain portion of the lung of the bovine."

He accepts the theory of Aufrecht as probably correct, that bacilli, however introduced, gain access to the great veins, and are screened out of the circulation by the pulmonary terminal arteries, but does not believe that defective circulation of the apex or trauma due to traction of muscles during exercise or backward stagnation of air due to violent coughing, will account for the screening out taking place in the apex of the lung of man; for, if it did, the same should occur in bovines, which is not true, for the superior portion of the tip of the caudal lobe in bovines is the one that is usually affected.

The examinations show that where fine particles are deposited on the mucous membrane by inhalation of dust in human beings, the greatest pigmentation takes place in the apices. The lung necropsies in cattle show the greatest pigmentation in the superior portion of the tip of the caudal lobe.

Thus the problem seems to be to ascertain what there is as common between the apex in man and this superior portion of the tip of the caudal lobe in bovines. The fact which has been pointed out by Aufrecht, that the bacilli are first arrested in the walls of the apical terminal arteries, and the demonstrations of Nicolas and Descas, "that tubercle bacilli could be found in smears from the thoracic duct of fasting dogs three hours after they had been fed with large doses of bacilli suspended in bouillon, seems to point to the probability that bacilli gain the blood vessels in some manner and circulate freely as foreign bodies until arrested. If this is true, then, the problem to solve is how and why they are commonly deposited in the apices in man and in the tip of

the caudal lobe in the lungs of bovines."

It is not affirmed that the lungs are first affected, for there is too much evidence that the bronchial glands in man and the posterior mediastinal gland in bovines show the first arrest of bacilli, and the deposits in the lung tissue come later.

Lying contiguous to, and immediately above, the tip of the caudal lobe, is the posterior mediastinal gland. Considering the fact that this gland is separated from the lungs by the pleural lake, the author says that foreign matter and tubercle bacilli can reach it only "(1) by being screened out of the blood vessels which traverse it; (2) by a backward flow of the lymph from the thoracic duct; (3) by suction to the gland from the mucous coat of the oesophagus; (4) by foreign matter and bacilli being drawn across the pleural lake by the suction of the gland from lung tissue through the lymph radicles in the parietal pleura." The author believes that bacilli and foreign matter reach this gland from the lungs, for the condition is analogous to that of coal dust crossing the pleural lake to be screened out in the intercostal lymph glands in man.

The author believes that there are two lymph currents working counter to each other, and at some point between the suction there is a delimiting line with more or less lymph stasis. The bacillus gaining the exact zone of stasis would become arrested and form a tubercle unless destroyed. If it were screened out of the blood vessels beyond this delimiting line, suction from the gland would cause it to drift into the pleural lake and across to the gland through the stomata and lymph radicles of the pleura. If it did not fall within this zone, it would be screened from the circulation by the terminal arteries, as described by Aufrecht; but here the lymph current would tend toward the bronchial glands, and a bacillus under the condi-

tions just named would be drawn to these glands or in their direction.

The lodgment of bacilli in foreign matter by apparent selection in a special organ, "and in the superior part of this organ, contrary to the laws governing ponderable bodies, must be due to mechanical causes influencing them along unusual lines. Applying this reasoning we find that man has one point of election, and I believe the explanation for this constant deposit in the apex of the lungs lies in the fact that the *vis a fronte* by the great veins and lymph vessels in the angles of the neck causes enough suction to create a counter lymph current and an area of lymph stasis in the apices of the lung. A bacillus falling within this zone of lymph stasis would become arrested far quicker than elsewhere in lung tissue.

The Influence of Pulmonary Tuberculosis on the Length of Life and the Capacity for Earning a Living and the Value of Public Sanatoria Treatment, by Stadler of Marburg (Dtsch. Arch. f. klin. Med., Vol. 75.)

According to researches made by the writer at the polyclinic of Marburg, the average duration of pulmonary consumption at the period of greatest capacity for earning a living of the small farm-hands, workmen and artisans, is at least six to seven years. The harm caused in different professions has no perceptible influence on the duration of tuberculosis in workmen of the same social position. The duration of the capacity for earning is generally in proportion to the duration of the illness; one-half of the patients are after five years not yet invalid, according to insurance law. A comparison of the patients receiving ambulatory treatment in the polyclinic and those treated in the sanatoria, shows that the short treatment in the latter, as it is practiced now, is capable of prolonging the life

and working capacity of one-fourth to one-fifth of the patients of the first and second stage about three years.

The Philippines are making a most interesting exhibit at St. Louis. This exhibit combines a scientific interest for students of politics, civilization, economics and ethnology, with popular features of great vital human interest. It shows the grades in civilization, from the diminutive Negrito, who is only a step removed from the "missing link," through the dog-eating and head-hunting Bontoc, and the Moro, who is now causing most of the trouble in the islands, to the scout, who is a regular in the United States army, and the Visayan, who weaves fabrics of great beauty. One has only to visit these natives and watch their tribal dances, to study the men and women at work, or witness a dog-feast, to realize their primitive character, and then to pass on to the constabulary—the beginning of the army of the Philippines—representatives of many tribes hostile to each other, but brought together and harmonized by the uniform they wear and the flag they salute. The Philippine exposition was organized to show what has been done, and what is being done, in the islands. It is an educational exhibit from beginning to end. We believe that there is no more interesting point or one that is of more value to us than this display from our new possessions.

CONTENTS OF FIELDS AND LOTS.—220 feet by 198 feet of land equals 1 acre; 440 feet by 99 feet of land equals 1 acre; 110 feet by 369 feet of land equals 1 acre; 60 feet by 726 feet of land equals 1 acre; 120 feet by 363 feet of land equals 1 acre; 240 feet by 181½ feet of land equals 1 acre; 200 feet by 108.9-10 feet of land equals ½ acre; 100 feet by 145.2-10 feet of land equals 1-3 acre.

SOUTHERN CALIFORNIA PRACTITIONER'S NURSE DIRECTORY.

NAME.	QUALIFICATION.	STREET.	TEL.
ALBERTS, MISS R. C.	Graduate Nurse.	642 W. 36th.	Pico 541
ANKARSTRAND, MR. AND MRS.	Swedish Movements and Massage: Graduates from Stockholm, Sweden.	Potomac Bldg. 217 S. Broadway Rooms 118-119	Home 6941
BURTON, MISS EVA G.	Graduate Nurse.	201 W. 27th.	White 981
BOYER, MISS SARA	Graduate Nurse California Hospital.	1006 W. 8th.	Jefferson 6391
CAMERON, MISS KATHERINE.	Graduate Grace Hospital, Detroit.	395 Grand Ave., Pasadena.	Black 471
CASE, MISS L. E.	Childrens Hospital San Fran.	542 Westlake Ave.	Jefferson 6303
CASEY, MISS MAE V.	Graduate California Hospital	719 Hope St.	Red 239
CAYWOOD, MISS J. EVELENA	Graduate California Hospital	1627 Orange St.	Home 7758
CRAWFORD, MISS M. A.	Trained Nurse.	1815 Normandie	Blue 4026
COOPER, MISS JESSIE	Graduate Fabiola Hospital, Oakland.	2321 S. Flower	Home 5344
CUTLER, MRS. E. L.	Graduate California Hosp.	1622 S. Hill.	White 4661
EHRMAN, MISS IDA M.	Trained Nurse.	1022 W. Washing'n	Home 4243
FALCONER, MISS JEAN J.	Graduate Salem Hospital, Salem, Mass.	912 W. 5th.	Red 481
FERN, MISS	Graduate California Hospital	316 W. Carrillo St. Santa Barbara	Main 593
GORDON, MISS LILLIAN.	Graduate California Hospital	46 Reuben Ave. Dayton, Ohio.	
HARDISON, MISS CLAIRE L.	Graduate California Hospital	116 S. Burlington	James 1161
HOAGLAND, MISS M. J.	Graduate Bellevue Training School, N.Y.	312 W. 7th.	Main 793
HOTZEL, MISS LILLIAN M..	Graduate California Hosp.	228 Hancock	Alta 2962
JAMES, MISS EDITH A.	Graduate California Hosp.	1622 S. Hill St.	White 4661.
JOHNSON, MISS EVA V.	Graduate California Hosp.	1708 S. Grand Ave.	Tel. White 2801 Home 2265
KINNEY, MISS J. A.	Trained Nurse.	1337 S. Flower.	Blue 2491
KIRBY, MISS NETTIE.	Graduate Hospital of Good Samaritan	2675 Lacy Street	Phone East 344
KENDALL, MISS MAUDE.	Graduate California Hosp.	1507 S. Grand Ave	Blue 5184
KERNAGHAN, MISS	Graduate California Hosp.	1708 S. Grand Ave.	White 2801 Home 2265
LAWSON, MISS	Graduate Nurse.	112½ E. 10th.	Pico 2091
LEGGETT, MRS. F. M.	Graduate New Haven Training School.	436 S. Hill.	Main 1383
MILLER, MISS FLORENCE.	Graduate California Hosp.	1145 S. Olive St.	West 307
MCKEA, MISS E.	Graduate Nurse	744 S. Hope St.	Red 4856
MCLINTOCK, MISS CLARICE.	Graduate California Hosp.	1232 W. 9th St.	Black 511
NAGEL, MISS A.	Graduate California Hospital	1708 Grand Ave.	White 2801 Home 2265
OLSEN, MISS JOHANNA.	Graduate Nurse	1207 W. 8th St.	Telephone 4685
POTSCHERNICK, MISS.	Graduate California Hosp.	Soldiers' Home, L. A. County.	
READ, BEATRICE.	Graduate Fabiola Hospital, Oakland.	28 Temple.	Red 46
SAX, MISS.	Graduate California Hosp.	1708 Grand Ave.	White 2801 Home 2265
SERGEANT, MISS.	Graduate California Hosp.	2808 S. Hope.	White 576
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WHEELER, MISS FANNIE A.	Graduate Hospital of Good Samaritan	212 South Reno St.	Main 1782
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SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

DR. WALTER LINDLEY, Editor.
DR. F. M. POTTENGER, Asst. Editor.
DR. H. BERT ELLIS { Associate Editors.
DR. GEO. L. COLE }

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EDITORIAL.

DRIED MILK.

The following letter from one of the highest authorities explains itself and confirms our deductions:

NEW YORK, June 21st, 1904.

Editor The Southern California Practitioner, Los Angeles Cal.

Dear Doctor.—We beg to thank you for your editorial, "Dried Milk versus Dried Beef."* This subject is of very great interest to us, and we have for many years expressed ourselves briefly to the effect that whole milk, reduced to dryness, will not by the mere addition of, or dilution with, water, assume the properties of fresh milk. We have long pointed out that if whole milk be dried, about one-third its total solids will be found to be fat; nothing more need be said as to the difficulties, indeed insuperable obstacles, which this matter presents. Even under the more

recent and much improved methods of evaporation, by which milk partially deprived of its fat is reduced to a soluble powder, the fat (the powder) soon becomes rancid.

We have given this matter very careful and thorough attention up to date, and have never yet seen a product of this kind which would satisfy our requirements. When it comes to infant foods of dried milk mixed with various substances, the wide dissimilarity presented when the food is prepared for the bottle alone affords a fatal objection. As for overselves, we know of no other conceivable standard as a food for an infant than mother's milk, and the many investigations which we have made in recent years, including exhaustive analysis of mothers' milk in respect both to its chemical and physiological properties, only confirms us in

*See Southern California Practitioner, March, 1904.

this view. The first essential is to imitate mothers' milk. On broad grounds, when this is done there will be very little need for theoretical modifications as to percentages; and, indeed, it is difficult to see on what ground these are predicated except that of pure empiricism—what will agree with the baby? The physiological modification of the caseine is in our opinion absolutely essential and enables us to readily accomplish all the rest. We naturally, therefore, agree with all the technical statements made concerning dried milk.

Appreciating your courtesy, we are,
yours very respectfully,

MARINE HOSPITAL OPENINGS.

Treasury Department, Bureau of Public Health and Marine Hospital Service,

WASHINGTON, D. C., June 29, 1904.

A board of officers will be convened to meet at the Bureau of Public Health and Marine Hospital Service, 3 B street, S. E., Washington, D. C., Monday, October 3, 1904, at 10 o'clock a.m., for the purpose of examining candidates for admission to the grade of assistant surgeon in the Public Health and Marine Hospital Service.

Candidates must be between 21 and 30 years of age, graduates of a reputable medical college, and must furnish testimonials from responsible persons as to their professional and moral character.

The following is the usual order of the examinations: 1, Physical; 2, Oral; 3, Written; 4, Clinical.

In addition to the physical examina-

tion, candidates are required to certify that they believe themselves free from any ailment which would disqualify them for service in any climate.

The examinations are chiefly in writing, and begin with a short autobiography of the candidate. The remainder of the written exercise consists in examination on the various branches of medicine, surgery and hygiene.

The oral examination includes subjects of preliminary education, history, literature and natural sciences.

The clinical examination is conducted at a hospital, and, when practicable, candidates are required to perform surgical operations on a cadaver.

Successful candidates will be numbered according to their attainments on examination, and will be commissioned in the same order as vacancies occur.

Upon appointment the young officers are, as a rule, first assigned to duty at one of the large hospitals, as at Boston, New York, New Orleans, Chicago, or San Francisco.

After five years' service, assistant surgeons are entitled to examination for promotion to the grade of past assistant surgeon.

Promotion to the grade of surgeon is made according to seniority, and after due examination, as vacancies occur in that grade.

Assistant surgeons receive \$1600; past assistant surgeons, \$2000, and surgeons, \$2500 a year. When quarters are not provided, commutation at the rate of \$30, \$40 and \$50 a month, according to grade, is allowed.

All grades above that of assistant surgeon receive longevity pay, 10 per-

centum in addition to the regular salary for every five years' service up to 40 per centum after twenty years' service.

The tenure of office is permanent. Officers traveling under orders are allowed actual expenses.

For further information, or for invitation to appear before the board of examiners, address Surgeon-General, Public Health and Marine Hospital Service, Washington, D. C.

SOUTHERN CALIFORNIA ELECTRO-MEDICAL SOCIETY.

The third semi-annual meeting of the Southern California Electro-Medical Society took place at Hotel Hollenbeck, Tuesday, June 7. The meeting was called to order at 4 p.m. and six new applicants were elected to membership as follows: Drs. M. A. Shultz, Ross Moore, H. G. Burton, G. M. Webster, R. A. Austin and A. B. Newkirk.

At 6:30 o'clock a recess was called, and the members, with their ladies, repaired to the banquet hall, where an informal dinner was served. Covers were laid for fifty. During the evening the Venetian Ladies' Orchestra rendered music, and the post-prandial address was very ably delivered by Rev. Frank DeWitt Talmage. In the course of his remarks, Dr. Talmage roundly scored the deluded sect who call themselves Christian Scientists, and called attention to the danger which would accrue to our country if this fad were not checked.

After dinner, the members adjourned to the upstairs parlors, where the various papers were read and discussed

with much interest. Great stress was laid upon the necessity of proper standardization of methods in applying treatment, and reporting cases treated by the X-rays, Finsen light, radium, etc., in order to determine and establish the exact value of these new therapeutic agents.

The officers elected for the ensuing year are: President, Dr. Albert Soiland; vice-presidents, Drs. M. R. Toiland, S. B. Kellogg, T. C. Low; secretary-treasurer, A. O. Conrad, re-elected.

EDITORIAL NOTES.

Dr. G. Servin has located in Tucson.

Dr. J. H. Sloan of Santa Paula took his outing at Coronado.

Dr. G. W. Forrester of Pomona is enjoying a new automobile.

Dr. J. I. Clark, formerly of Colorado, has located in Santa Ana.

Dr. E. E. Major has been elected school trustee at Redlands.

Dr. C. H. Rowell of San Francisco has removed to Fullerton.

Dr. F. B. Ellwood has been appointed City Health Officer of Alhambra.

Dr. E. B. Buell of Escondido recently made a flying trip to Los Angeles.

Dr. E. A. Dial has removed from San Luis Obispo to Santa Barbara.

Dr. W. E. Hibbard of Pasadena has gone abroad for a three months' trip.

Dr. W. G. Cochran of Los Angeles is spending the summer at Redondo.

Dr. J. C. Solomon of Los Angeles is taking an extended tour through Mexico.

Dr. C. H. Ellis of Phoenix, Arizona, recently vaccinated 240 Indians in one day.

Dr. and Mrs. Frank Gordon have returned from a month's outing in Yosemite.

Dr. Charles E. Rhone and bride have arrived at their home in Douglas, Arizona.

Dr. D. E. Lane of Alhambra is taking an eight weeks' trip through the East.

Dr. W. F. Freeman of Needles has been spending a few weeks in Los Angeles.

Dr. J. M. Zimmerman of Tucson recently spent a few days in Los Angeles.

Dr. Charles H. Jones of Phoenix, Arizona, has been taking a vacation in Los Angeles.

Dr. F. R. Burnham has been elected president of the Board of Health of San Diego.

Dr. Marcia Gillmore has returned to her home in Pasadena after a year's travel abroad.

Dr. Dumont Dwire of Oxnard has been again appointed Health Officer of Ventura county.

Dr. H. N. Goff of San Diego will spend two months in the hospitals of New York City.

Dr. Q. J. Rowley of Downey has discarded his horse and buggy and taken to the automobile.

Dr. M. R. Toland of Pomona has returned from taking a post-graduate course in Chicago.

Dr. Adolph Kramer, the San Diego oculist, has recently been taking a vacation at Lake Tahoe.

Dr. Walter Huff recently spent two months at Magdalena, New Mexico, excavating Indian ruins.

Dr. Wm. Watt Kerr of San Francisco has been taking a vacation with his family at Coronado.

Dr. L. A. W. Burtch of Clifton, Arizona, is superintendent of the Graham County Board of Health.

Dr. C. L. Caven, the well-known Bisbee, Arizona, surgeon, has been visiting in Southern California.

Dr. A. W. Olcott, of Tucson, has been devoting a few weeks to the hospitals of New York City.

Dr. E. S. Bullock of Silver City, New Mexico, has been in attendance on the American Medical Association.

Dr. Geo. E. Abbott of Pasadena was fined \$5 because he did not have sufficient light on his automobile.

Dr. J. F. Spencer, formerly of Los Angeles, has located at Gardena, where he is associated with Dr. Miller.

Dr. Willard H. Fales of Clifton, Arizona, has been taking a short vacation among old friends in Los Angeles.

Dr. Henry Sherry has resigned the position of Health Officer in South Pasadena, and his successor is Dr. F. E. Buck.

Dr. M. G. McCorkle, the Southern Pacific surgeon at Benson, is interested in some very extensive oil and mining properties.

Dr. F. C. Diver, formerly of Kalamazoo, Michigan, has located in Bisbee, Arizona, where he is associated with Dr. F. J. Hart.

Dr. John Y. Oldham, formerly of Lexington, Ky., has located at the corner of Twenty-third street and Chester Place, Los Angeles.

The *Sanitarian*, A. N. Bell, M.D., editor, has issued its last number, and with the July issue is consolidated with the *Popular Science Monthly*.

Dr. L. A. Perce of Long Beach was elected first vice-president of the National Eclectic Medical Association at its last session in St. Louis.

Dr. J. A. Champion has opened the new hospital at Colton. Dr. C. E. Creal of Imperial was the first patient and was operated upon for appendicitis.

Dr. Charles H. Jones, surgeon of the National Guard of Arizona, recently delivered a lecture at the Armory at Phoenix upon "First Aid to the Wounded."

Dr. G. W. Harrison, president of the Board of Health of New Mexico, recently made a trip to the noted Jemez Hot Springs, where his family is rusticating.

The engagement of Dr. Wm. Le-Moyne Wills, the well-known Los Angeles surgeon, to Miss Susie Patton, also of Los Angeles, has just been announced.

Dr. R. D. Black of Las Vegas, and Dr. Frank McConnell of Las Cruces, N. M., have been in attendance on the American Medical Association in Atlantic City.

Dr. W. Frank Huddell of Memphis, Tenn., and Miss Gertrude Coate, were married in Los Angeles on June 8th. After a tour of the East, they will settle in Memphis.

Dr. T. E. Presley, formerly of Oklahoma, has purchased property at Roswell, New Mexico, and will locate there as a specialist in diseases of the eye, ear, nose and throat.

Dr. C. W. Nutting of Redding, California, Grand Master of the Masonic Order of California, has been paying an official visit to the lodges in the southern part of the State.

At the last meeting of the San Bernardino County Medical Society, Dr. Scott read a paper on "Cerebral Hemorrhages." Dr. Stockwell recently entertained the society at his new offices.

The American Surgical Association will hold its next annual meeting at San Francisco. Dr. Emmet Rixford of San Francisco was elected vice-president at the recent meeting in St. Louis.

Dr. H. E. Bogue, formerly of Lordsburg, Cal., has been taking a post-graduate course at the Rush Medical College, and on his return to California changed his residence to San Dimas, Los Angeles county.

Dr. E. E. Selleck, who for some time past has been acting as physician and

surgeon for the Colorado Fuel and Iron Company, at Fierro, New Mexico, has located in Los Angeles, where he will practice his profession.

Dr. J. H. McBride of Pasadena has returned from attendance on the meeting of the American Medical Association in Atlantic City, where he was elected chairman of the section on nervous and mental diseases.

Dr. M. K. Foster, secretary of the California State Board of Health, has been elected vice-president of the State and Provincial Boards of Health of North America, at a meeting recently held in Washington, D. C.

Dr. R. W. Tipton of Las Vegas has been in Wheeling, W. Va., where his daughter is attending school, and also visited Annapolis, where his son, Thomas Tipton, is attending school preparatory to entering the Naval Academy.

Dr. E. A. Bryant, the well-known Los Angeles surgeon, is to be married very shortly to Miss Susie Bixby of San Francisco. The doctor has purchased a handsome residence in a fashionable section of Los Angeles, and his bachelor days may be considered over.

Dr. Black, the distinguished secretary of the New Mexico Territorial Board of Health, was recently married to Mrs. Anderonk in Trenton, New Jersey. After quite an extended bridal trip, Dr. and Mrs. Black have returned to Las Vegas, where they will reside.

Dr. F. R. Burnham, president of the Board of Health of the city of San Diego, recently entertained the other members of the board at a banquet at the Coronado. His guests were Drs. P. C. Remondino, Edward Grove, F. H. Mead and the secretary, Mr. Walker.

The June meeting of the Riverside County Medical Society was held at the residence of Dr. J. G. Baird. Dr. J. C. King of Banning and Dr. C. Van Zwal-

enburg read appers. Refreshments were served by Mrs. Baird, and there was a delightful time socially as well as scientifically.

Dr. M. A. Schutz and wife of Long Beach have bought a tract of several acres overlooking the ocean, where they are going to establish a home for children, orphans and castaways. The doctor and his wife propose to devote the rest of their lives to this philanthropic work.

Any young medical man desiring information in regard to admission to the medical corps of the army should address R. M. O'Reilly, Surgeon-General U.S.A., Washington, D. C., applying for circular of information in relation to appointment in the Medical Corps of the United States army.

An insane inmate of the Soldiers' Home at Santa Monica attempted to shoot Dr. T. B. Parker, assistant surgeon, on June 16th, but Drs. Fielding and Bahrenburg, who are also assistant surgeons in that institution, caught the would-be assassin, and after a severe struggle wrenched the weapon from his hand.

Dr. Charles E. Vaughn, a well-known physician who had practically retired from practice, died in Santa Barbara on June 24th of organic disease of the heart. He was a physician of high standing and very much beloved by all who knew him. The Santa Barbara Natural History Society passed resolutions deploring his death.

The next meeting of the Pan-American Congress will be held in Panama in the latter part of December. The Pan-American Congress meets every three years. These meetings have always been well attended, and it is thought that Panama will be an interesting place for the convention. For particulars, write to Dr. Ramon Guiteras, 75 West Fifty-fifth street, New York City.

The next meeting of the American Medical Association will be held at Portland, Oregon. That will be the time for all Californians to attend. We notice that Dr. W. LeMoyne Wills and Dr. H. Bert Ellis of Los Angeles, and Dr. C. G. Kenyon and Dr. Philip Mills Jones of San Francisco have been elected members of the House of Delegates. Dr. Ellis has also been appointed on the Committee on Transportation and Place of Session.

The *Alabama Medical Journal* for May announces that a statue of Dr. Wm. Elias B. Davis, late of Birmingham, Alabama, will be erected by the Southern Surgical Gynecological Association, of which Dr. Davis was the founder. The statue will be in bronze, seven and one-half feet high, and stand upon a granite pedestal nine and one-half feet high, and will be finished by the 1st of December next.

Dr. Charles Friedman has resigned as assistant Police Surgeon of Los Angeles, and gone to Picacho, in the Colorado Desert, to accept a position in one of the Oro Grande mines for a period of three months. From there he will go to New York to take a post-graduate course. He was appointed assistant Police Surgeon under Dr. C. W. Pierce in 1891, and has been in the employ of the city since that time. Dr. Charles Bonynge, who for the past two years has been interne in the County Hospital, succeeds Dr. Friedman.

At a recent meeting in Pomona, the doctors addressed the public in behalf of the advantages to be derived from having a hospital in Pomona. Dr. Thomas said that it would be an advantage to the city from a financial standpoint; that whenever a patient goes to Los Angeles from \$100 to \$500 is left in that city which should have been kept in Pomona. Dr. C. G. Toland said that if there was a hospital in Pomona, the physicians could sometimes have the patients on the road to recovery before

they reached Los Angeles on the road to death. A committee was appointed to promote the proposition.

The Territorial Board of Medical Examiners of New Mexico recently met in Santa Fé, with Dr. George W. Harrison of Albuquerque, in the chair. There were forty applicants for certificates, four of whom were admitted to practice on their diplomas and the others were examined. The board requires that a medical student to be eligible to register in New Mexico must be a graduate of a college of liberal arts, have a High School education, and have taken four full courses of eight months each in four separate years, with hospital advantages, at some recognized medical college.

The doctors of San Diego have organized a company to take over from Dr. D. Gochenauer the 'Agnews Sanitarium for a consideration of \$20,000. The capital stock of the new corporation is \$25,000, and of this sum \$21,000 has already been subscribed by doctors and business men. Twenty-one doctors have taken stock. A board of eleven directors has been elected, of whom six are doctors and five are business men. The board consists of the following: Dr. Edward Grove, Dr. T. L. Magee, Dr. F. R. Burnham, Dr. Kleitsch, Dr. D. Gochenauer and Dr. Perry Lewis, J. S. Ackerman, Frank P. Frary, F. S. Banks, George W. Marsh and W. L. Rohrer.

The physicians of Prescott and vicinity have recently organized a medical association known as the Yavapai County Medical Association, with fourteen charter members. The meeting was organized in the office of C. E. Yount, M.D. The following is a list of the officers and committees: Dr. T. B. Davis, president; Dr. W. S. Smith, vice-president; Dr. C. E. Yount, secretary and treasurer; delegates to the House of Delegates, Arizona Medical Association,

Dr. J. W. Coleman of Jerome and Dr. J. S. Barrett of Prescott; Board of Censors, Dr. J. N. McCandless, Dr. H. D. Thomason of Whipple and Dr. John Dennett, Jr., of Congress; Committee on Public Health and Legislation, Dr. W. E. Day and Dr. J. W. Coleman of Prescott and Dr. R. N. Looney of McCabe.

The Training School for Nurses of the Los Angeles County Hospital held their graduation exercises on the evening of June 7th in the amphitheatre of the Medical College of the University of Southern California. Dr. Elbert Wing delivered the address, and Dr. Joseph Kurtz made a very interesting impromptu address as he delivered the diplomas. The following was the program: Opening prayer, Rev. A. G. Fessenden; overture, Arend's Orchestra; address, Dr. Elbert Wing; soprano solo, Celia M. Dodge; selection, Arend's Orchestra; contralto solo, Mrs. J. B. Cook; address and delivery of diplomas, Dr. Joseph Kurtz; solo, M. A. Avery; benediction, Rev. A. G. Fessenden. The graduates are: Margaret McManus, Los Angeles; Rose Kelley, Los Angeles; Rosamond Quinlan, Los Angeles; Ruby Campbell, Seattle; Louise Mitchell, Seattle; Elinor Spears, Gallup, N. M.; Benjamin Epperson, Pomona; John Morgan, Los Angeles.

Dr. T. D. Crothers, editor of the *Quarterly Journal of Inebriety*, in a personal letter to the editor of the Southern California Practitioner, congratulating him on his election to the position of Dean of the Medical College of the University of Southern California, says: "We look to you western men for a great revolution which we cannot bring about very easily in the East. The one I am most interested in is to have students taught that alcohol is a grand anesthetic, and that all the drugs of that class are dangerous. A very good teacher in the East, and really strong man, has made a large number of co-

caine victims by teaching the harmlessness of that drug and its value in disease. Another man in one of the large colleges had an exalted faith in the proposition of alcohol as a tonic and stimulant. A number of his students were wrecked in after-life from this teaching. These sources of danger are practically unknown except to the profession, and a few of us feel very deeply the danger in this direction."

THE AMERICAN MEDICAL ASSOCIATION.

HOTEL WALTON, Philadelphia,

June 24th, 1904.

Editor Southern California Practitioner: Another meeting of the American Medical Association has come and gone, another vacation is almost spent, and yet as we turn our faces westward, ho, our minds are filled with a little verse, for, indeed, "There's no place like home."

The meeting this year was a great success, attended by twenty-seven or twenty-eight hundred; the appointments were perfect; everything had been done for our comfort, and nearly all the noted men of the country were there, taking part. Just think of sitting down in the medical section one morning and listening to a symposium in which, among others, Drs. Anders, Osler, Stengel, Thayer, Cabot, Billings and Dock took part, with the discussion opened by equally prominent men. And I am told that all the sections were favored in the same manner.

The only trouble is that the meeting does not last long enough, and is like a three-ringed circus, in that there are frequently so many good programs going on in different sections at the same time.

Southern California was well represented, some seventeen or eighteen men being present. I remember Drs. Brainerd, Lasher, Ellis, McBride, Wills, Cowles, Fleming, Browning, Ferbert,

Barlow, Roberts, Lockwood, Stehman, Hitchcock and Newcombe.

The next meeting will be held at Portland, Ore., about June 18th, 1905, although while in Philadelphia I heard some talk of postponing the time until July.

I am sure that our California delegates, Drs. Ellis and Wills, did everything possible to carry out the instructions of our State society, and the committee *did* recommend Los Angeles, where nearly everyone seemed to desire it to meet, but the Portland men captured the House of Delegates, and so the meeting went to them.

Most of the members will travel through Southern California, and we will have the pleasure of entertaining them, and, I hope, of hearing from some of the more prominent ones as well.

After leaving Atlantic City, I went down to Johns Hopkins for a few days, and up to Philadelphia for a week. Osler's clinic is just as interesting as ever, with the same painstaking care and thoroughness in every case, and many unusual and instructive cases to show. Drs. Thayer, Fletcher, McCrea and Cole follow up the work in this clinic closely, and it is one of the most interesting and satisfactory places I know to do work in internal medicine.

Prof. Halstead is just having completed a new surgical amphitheatre, at a cost of \$200,000, especially designed for the work at Johns Hopkins, with the result that his clinics, hereafter, instead of being one of the poorest in equipment, will be among the best in the land.

At Philadelphia, nearly everything in the way of formal clinics was closed for the summer on account of the heat, but due to the very kind attentions of Dr. Musser, who was in the same class with Dr. Stehman at Blockly Hospital, we were enabled to see considerable while there.

One of the most interesting, most

spectacular, and most instructive withal, was a clinic out at the German Hospital, held by Dr. John B. Deaver. Ten cases were operated upon, each of them interesting, and just such cases as might walk into the consultation room of any physician any day. I noted that he dressed all his abdominal cases with wet bichloride, but he uses dry gauze for subsequent dressings.

All of the attendants in his operating room wear rubbers, and they need to, for water is used very freely. I also noticed that *all* cases of anesthesia are given oxygen at the close of the administration, while the patient is yet on the table. It is said to hasten recovery, lessen nausea, and prevent or con-

trol shock. It has been in use some years, and, I presume, must have virtue, or they would discontinue the practice.

Typhoid fever is endemic. I saw twenty-four cases in one ward in Dr. Curtins' service at the Presbyterian. I did not see any cases of cerebro-spinal meningitis while in Philadelphia, and the physicians here deny the existence of the epidemic which is said to exist. All in all, the trip has been a very enjoyable and profitable one.

Now for a few days at the fair, and then home and to work again.

I am, as ever, truly yours,

Jos. M. KING.

BOOK REVIEWS.

We have received the special Tuberculosis Number of the *Colorado Medical Journal*, published at Denver. This issue contains many valuable papers, and any person interested in this subject would be well justified in subscribing for that journal for one year in order to get this issue. The papers are on "Human and Animal Tuberculosis," "Human Immunity of Tuberculosis," "The Prophylaxis of Tuberculosis," "Medical Treatment of Tuberculosis," "Classification and Diagnosis of Tuberculosis," and Dr. F. M. Pottenger, of the Southern California Practitioner, has a very able article on "Specific Medication in Pulmonary Tuberculosis." A most extensive and comprehensive article is the one on "The Advantage of High Altitudes in Tuberculosis," by Dr. Charles Denison. The doctor is a most enthusiastic advocate of high altitude, and there is no more reliable authority on this subject in the United States. The paper by our friend, Dr. George E. Abbott of Pasadena, upon "The Climate of Southern California with Ref-

erence to Pulmonary Tuberculosis," is not at all comprehensive. He says nothing in regard to our desert climate, which many of us consider one of the most valuable sections of Southern California for the tuberculous. In speaking of elevation, he speaks of securing an altitude of from ten feet to three thousand feet elevation, and says that there is almost any elevation, except very high altitudes. In the general sense of the word, "high altitudes" are considered from 4500 feet upwards, and, of course, in Southern California there are many delightful locations—especially for campers—ranging from 4500 to 10,000 feet. It is something unusual for a writer in regard to Southern California to not claim enough, but this would be our criticism on Dr. Abbott's interesting paper. The paper by Dr. Henry B. Dunham of Rutland, Mass., upon "Favorable and Unfavorable Climates for Tuberculosis," is a very valuable one. We saw there was a paper entitled "The Psychology of the Consumptive," and expected to find that the author was Dr.

Norman Bridge of Pasadena, Los Angeles and Chicago, but on investigation discovered that it was by Dr. John Hunton of Kansas City, and a good article it is, too.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS, comprising ten volumes on the year's progress in medicine and surgery, issued monthly; under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume IV Gynecology, edited by Emilius C. Dudley, A.M., M.D., Professor of Gynecology, Northwestern University Medical School; Gynecologist to St. Luke's and Wesley Hospitals, Chicago, and William Healey, A.B., M.D., Instructor in Gynecology, Northwestern University Medical School. March, 1904. Chicago. The Year Book, Publishers, 40 Dearborn St. Price this volume, \$1.00; 10 volumes, \$5.50.

This practical series of year books comes to us with the summing up of the progress made in these lines during the past year. The present volume compares favorably with the others of the series.

MANUAL OF CLINICAL MICROSCOPY AND CHEMISTRY, prepared for the use of Students and Practitioners of Medicine. By Dr. Hermann Lenhartz, Professor of Medicine and Director of Hospital at Hamburg, etc. Authorized translation from the fourth and last German edition, with notes and additions, by Henry T. Brooks, M.D., Professor of Histology and Pathology at the New York Post-Graduate Medical School and Hospital; Member of the New York Academy of Medicine, etc. With 148 illustrations in the text and 9 colored plates. Pages xxxii-412, octavo. Bound in extra cloth. Price, \$3.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia, Pa.

This work is one that every practitioner who attempts to do any of his microscopy and chemistry should have at his elbow. It is on a topic in which there are always questions arising, and

to have a book of this kind readily at hand, which can be referred to at a moment's notice, and especially this one in which everything is so easily found, is absolutely a necessity. Aside from the introductory remarks, it deals with construction, selection, manipulation, etc., of the microscope, together with the necessary reagents and apparatus for the same; it is divided into six classes. The division is commendably made and each chapter is dealt with in a most thorough and painstaking manner, and yet concisely.

The first chapter deals with vegetable and animal parasites. The second with examinations of the blood; (a) in health, (b) in disease. Part three, examination of the sputum; four, examinations of the secretions of the mouth and of the gastric and intestinal contents; five, examination of the urine, from page 279 to 380, thus giving about 100 pages. The final chapter, comprising some twelve pages, is given to the examination of aspirated fluids. There are a number of colored plates, with nearly 150 illustrations beside.

MILK IN TYPHOID FEVER; SOME OF ITS DEFECTS AND HOW TO REMEDY THEM. Published by Smith Kline and French Company, Philadelphia.

This is a valuable monograph, handsomely illustrated, in which it is stated that milk furnishes all of the essential elements of nutrition for repairing the rapidly-wasting tissues, and under proper conditions it is rapidly acted upon by the enfeebled digestive apparatus. The chief defect is that it forms indigestible, leathery curds with the gastric juice that always irritate and sometimes accumulate within the intestinal canal and give rise to very serious results. Experiments have shown that when cow's milk is mixed with certain cereals in proper physical condition its casein will be precipitated by the gastric juice in fine, readily permeable

flakes, resembling the flakes of casein formed in human milk by gastric juice, a result due to the starch, gluten and gum of the cereals, which mechanically break up and suspend the casein as formed. There are reports of autopsies on patients fed exclusively on milk, which are by Dr. Arthur Dare, demonstrator of medicine in the Jefferson Medical College, Philadelphia.

The pamphlet is well worth reading by any person who attends cases of typhoid fever, and on request it will be sent free by the publisher.

BLOOD PRESSURE IN SURGERY. AN experimental and clinical research. The Cartwright prize essay for 1903, by Geo. W. Crile, A.M., M.D., Professor of Clinical Surgery, Western Reserve Medical College; Visiting Surgeon to St. Alexis Hospital; Associate Surgeon to Lakeside Hospital, Cleveland. Philadelphia and London. J. B. Lippincott Company. 1903.

This work, for which the author received the Cartwright prize of the Alumni Association of the College of Physicians and Surgeons, New York City, covers an immense amount of experimental work along one of the most interesting phases of surgery and medicine at the present time. There is no question whatever that an exact knowledge of the blood pressure has been insufficiently taken into account in times past. It is a factor in medicine and

surgery that is somewhat unknown and has been treated of in general rather than in definite terms. That it will cut a great figure in future medicine and surgery, when accurate methods of determining and recording the pressure are found, there can be no question, and these experiments by the author have a tendency in this direction.

The book records accurately a large number of experiments upon animals, which, as the author states in the introduction, "might have been omitted, publishing instead only illustrative experiments and the summaries," but which have been recorded here in detail for the benefit of some future investigator in order that he may be "spared many weary details." While the experimentation has been to a great extent upon animals, yet it has been carried along and compared with work in a large surgical practice, so that it is not alone animal experimentation, but experimentation in the surgery as well.

In speaking of the dangers of stimulation in the introduction, the author says, "closer comparison between results in wards in which stimulation, particularly 'heavy' stimulation, is the rule, and in wards in which it is the exception, is not unfavorable to the latter."

The book marks a mile-stone in the advance of experimental work in medicine and surgery.

The next session of the American Medical Association will be held at Portland, Oregon, July 11-14, 1905. Let a committee be appointed to secure a special train from California that will start from Los Angeles. Begin to plan now.

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DR. WALTER LINDLEY, Editor.
DR. F. M. POTTENGER, Asst. Editor.
DR. H. BERT ELLIS } Associate Editors.
DR. GEO. L. COLE }

DIAGNOSIS AND PROGNOSIS OF COMMON DISEASES OF THE CHEST.*

BY GEO. L. COLE, M.D., PROFESSOR CLINICAL MEDICINE, MEDICAL DEPARTMENT,
UNIVERSITY SOUTHERN CALIFORNIA.

Let me say at the beginning, what you will soon discover, that this is not intended as a scientific paper, but a few practical points gained from experience and impressed by everyday work, more than from reviewing the literature or by reason of any original research. And while I may speak of sources of errors in diagnosis, remember that it is with much humiliation that I do so, for they are mistakes that I have not infrequently had corrected by consultants at the bedside, often with much chagrin to myself. But if we would aim to gain knowledge we should profit by our errors and endeavor to prevent their repetition.

Regarding diagnosis, let me say at the outset that I shall not hope to cover all diagnostic points, nor do I forget that we all fall unconsciously into channels or ruts in our work, and that therefore in the discussion which may follow I shall be quite as glad to be corrected of probable errors as to have you add omitted points.

Nor do I wish to infer that we can ever hope to be infallible in our prognosis. A prognosis should always be well guarded, for how often do we see patients who have been told years previously, and this by men prominent in the profession, that their days or hours were numbered! Or, on the other hand, by relatives of the deceased that just previous to dissolution the doctor has said, "There is no danger." While we cannot hope to be accurate always, still I am sure that my idea of the probable duration of life in many chest cases is quite different from what it was in similar cases when I began the practice of medicine. I think, moreover, this is true of nearly all physicians who have practiced a decade or more.

As to the diagnosis of that most common of chest diseases,

TUBERCULOSIS,

errors are more commonly caused by lack of thoroughness than by a lack of ability on the part of the examiner.

It is well to make first a written rec-

*Read before the Los Angeles County Medical Society, June 17, 1904.

ord of the clinical history, family history, etc., before making the physical examination. Many points of interest and of value may be ascertained. As, for instance, a known recovery from tuberculosis in a sister or brother, father or mother, should and generally does influence favorably the prognosis of what would in some instances look like a fatal case. On the other hand, galloping phthisis in a near relative should influence us in the opposite direction as to prognosis.

In making the physical examination, all clothing should be removed from the chest and the examination not be concluded in questionable cases until inspection, palpation, mensuration, auscultation and percussion have each and all played their part in the examination, noting accurately the discrepancies from the normal in each chest region. Perhaps the most common error into which we are liable to fall is mistaking the broncho-vesicular respiratory sound of emphysema for tubular respiration. In both conditions the expiratory sound is prolonged, but we are not to forget that in emphysema the expiratory sound is *low* pitched, while in tubular respiration it is *high* pitched, as well as prolonged.

Possibly the next most frequent error is in mistaking fluid accumulations for consolidated lung. Here remember that consolidation increases tactile fremitus, while fluids diminish tactile fremitus or usually cause it to be abolished. In doubt the needle should always be brought into service. We are to remember also that air may obliterate or bulge the intracostal spaces as well as fluid. A tympany and the amphoric sound, with or without metallic tinkling, come to our rescue.

Unilateral bronchitis usually means a tuberculous bronchitis, for the ordinary idiopathic bronchitis is usually a bilateral condition.

We are to remember that the microscopical test for bacilli when showing

them present grants us a positive diagnosis, but when the microscopical examination is negative, it tells us very little. I have known an instance where ten, fifteen or twenty microscopical examinations have been necessary to show a positive result. The value of the tuberculin test in certain cases is not to be forgotten.

As to the prognosis of pulmonary tuberculosis, I regret that there are many who are inclined to look upon all cases showing the bacilli as unfavorable to recovery; many who seem to think the presence of bacilli pronounces the doom of the individual.

Looking about me upon people now in robust health, who five, ten, or fifteen years ago had reduced weight, cough and expectoration with tubercle bacilli, cannot help but cause me to be much more sanguine than formerly in many cases. Indeed, often the inquiry arises in making examinations and finding bacilli: "Has the patient not *had* tuberculosis many years, tolerating it fairly well, often in bad environment and under poor hygienic conditions?" Then, if having tolerated it so well and with so slight progress under such conditions, why shall we not hope soon to see a complete and permanent cure when taken out of the office, shop or store and placed in sunshine, with better food, better surroundings and especially when to this is added the aid of tonics to increase the power of resistance?

A relative of mine, who had repeated and not infrequent hemorrhages between the ages of 35 and 50, died recently of acute lobar pneumonia at 75. He was the father of three children, now all in adult life, and with families not showing any tuberculous tendencies. This father dying in old age had resorted to no change of climate, practically no treatment and resided in about as unfavorable climatic conditions as can well be found, namely, Central New York. Why should we not expect a large percentage of our tuberculous patients, un-

der favorable conditions, to recover?

The physician who looks with foreboding on all his tuberculous patients ought to exclude such work from his practice; he is not in the proper frame of mind to care for them to the best advantage.

PNEUMONIA

I believe to be not infrequently overlooked entirely, especially the monolobar variety and especially if complicated with other disorders such as senility, alcoholism, paralysis and septic conditions. Possibly it is quite as well that some of these cases are overlooked, for in a majority of such cases the patient is treated symptomatically and after a week or so of groping in the dark, the physician finds his patient recovering. As a rule it is a self-limiting disease largely tending to recovery. A too vigorous treatment directed to the pneumonic condition might have resulted disastrously. However, it is in this class of cases, where it does sometimes occur, that the post-mortem findings of the hepitzed lobe come as a surprise to the attending physician.

Reference is not made here to the severe toxic forms of monolobar pneumonia which one sometimes sees. But to those milder cases not infrequently of a central origin, sometimes spoken of as a "sneaking pneumonia," which in its beginning shows few physical signs, and in other cases where physical signs often are difficult and obscure. We now and then find a chest which yields poorly, either normal or abnormal signs and the greatest care must be taken to interpret the findings correctly. He who omits palpation in seeking for increased or diminished tactile fremitus, but rather relies wholly upon auscultation and percussion in such chests is more liable to be led into error, and when auscultation for vocal signs is omitted, as is so frequently the case, there is a still greater chance of error.

I should here like to mention a form of pneumonia, or if you please, a complication, of which I have seen a few illustrations. I refer to those cases in which, with a moderate chest involvement, the infection seems to attack the cerebral tissues.

In one case I now recall, starting with the pathognomonic crepitant rales, followed by dullness over the single lobe involved, there was an early subsidence of the chest symptoms followed by two weeks of acute mania of a very severe type; in fact, so severe that it became necessary to restrain the patient, and commitment to an asylum was seriously considered. Only the positive evidence of an abortive pneumonia, with an apparent metastasis to the brain and the hope of a release from the tortures incident to the maniacal condition, saved the patient from the stigma of confinement in an insane asylum. The hope was realized and soon mental balance was restored.

Such cases are extremely interesting, and I have failed to find much literature upon the subject. They are not mentioned in the ordinary text-books.

As to the prognosis of pneumonia, I recall the advice of an aged practitioner who said to me in my early days of practice, "See your pneumonic patients often and visit them late at night and early in the morning, for some of them apparently doing well in the afternoon will die during the following night." I have had occasion to remember this good advice, for occasionally, especially when the patient is past 50 years of age, death will occur in a few hours when everything is apparently going along smoothly. It is therefore well to be guarded in our prognosis during the first or second stage of pneumonia, even though it seems of a mild type and limited to one lung.

On the other hand, the most serious case may not wholly be despaired of while respiration and circulation continues, and especially if the kidneys are

continuing to perform their functions well.

As to the diagnosis of fluid within the pleural sac, whether it be serous or purulent, I wish to recall again the value of the test for the presence or absence of *tactil fremitus*.

It is to be remembered that respiratory sounds will sometimes be conducted through fluid, and I have not only made the error myself, but have seen others deceived by the transmission of sounds through fluid. It is usually a tubular respiration that is conducted from compressed lung above the fluid. Therefore if we hear over the lower portion of a chest that yields a flat note upon percussion, a tubular respiration, which at first caused us to suspect a consolidated lung, we should remember to examine carefully for the presence or absence of *tactil fremitus*. The vocal signs also may be conducted, thus again leading to error. In these exceptional cases, the pleural sac is crowded so full of fluid that the measurement is usually greater upon the affected side. It should be borne in mind also that it is not impossible to have fluid in the side of the chest that measures less than normal, but here the contraction of lung must have taken place; perhaps adhesions formed so that usually the fluid is of long standing. I now recall an instance of having withdrawn over a quart of fluid from a pleural sac that measured three-quarters of an inch less than the corresponding side. These are exceptional cases, but it is well to bear them in mind. Let me again impress the necessity of using the exploring needle when in doubt as to the presence of fluid to be differentiated from consolidation.

HAEMOPTYSIS

is worthy of note, because of its diagnostic importance, and a word also may be said as to prognosis. The diagnosis of pulmonary hemorrhage is usually not difficult, but when blood comes through the trachea we should

not forget that in at least 90 per cent. of cases it means pulmonary tuberculosis. In certain cases it may be wise to let the patient think, as he is often led to, "that it comes from the throat." The physician, however, should not be deceived. If for politic reasons the true character of the hemorrhage is withheld from the patient it is generally well to correctly inform an intimate friend.

As to the prognosis of haemoptysis, while we should allay the usual fear of the patient we should not forget the possibility of a fatal issue and that in some instances very speedily. I have seen several instances of sudden fatal haemoptysis while the patient was walking about.

In diseases of the heart we have, perhaps, more difficulty in making an absolutely correct diagnosis than is ordinarily the case in diseases of the lungs and pleura. There are a few facts which if kept constantly in mind will aid us. First, not all murmurs signify valvular lesions. Second, when valvular lesions exist and are accompanied by murmurs the intensity of the murmur is not indicative of the seriousness of the lesion. Third, many serious heart lesions yield few if any physical signs. Fourth, in making our prognosis we must consider the symptoms as important as the physical signs if we wish to steer clear of error.

In making a diagnosis of mitral incompetence, the most frequent valvular lesions in chronic endocarditis, we are to bear in mind that a systolic murmur with maximum intensity at the apex and even when transmitted to the axilla does not necessarily signify mitral incompetency. There should be associated with this transmitted murmur an accentuation of the pulmonic second sound and evidences of cardiac hypertrophy. Without these two latter diagnostic points we are more liable to have one of those murmurs which are probably formed within the ventricle and of

which as Osler says, "the true nature is doubtful." They form quite a large group and in many instances may be quite innocuous. The location of the apex and the symptoms are more important aids to prognosis than the intensity of the murmur.

Nor are we to forget that another valvular lesion which is not uncommon and which is justly considered a very serious lesion, namely, aortic insufficiency, may be for years fully compensated without the patient suffering any great inconvenience. Especially is this true in the earlier years of life when the disease is not part of a general arteriosclerosis.

Nor are we to forget that large groups of murmurs which are classed as haemic murmurs, and which are so frequently found in chlorosis, anemia and in chorea of childhood not infrequently disappear entirely upon relief from the accompanying disorder.

There is another class of cases in

which for a time death may seem impending, namely, the cardiac dilatation accompanying nephritis, in which if the critical period can be tided over, months and years of comparative comfort can be afforded the patient. I now recall two cases of this group in which several years ago, for a period of many days, death was expected hourly, yet at the present time both are in a fairly comfortable condition.

On the other hand, many of the sudden deaths from heart disease are in cases where the physical signs yield little or no evidence. Such, for instance, are the fatty hearts accompanied by more or less atheroma of the coronary arteries. In true fatty degeneration the heart is not enlarged nor are there necessarily any valvular murmurs. To be sure, in many of these cases there may be at times severe pain or distress, but it is not uncommonly mistaken for acute indigestion, gastrodynia or pleurodynia, and death comes suddenly without warning.

REPORTS ON MASTOID CASES.*

BY H. BERT ELLIS, B.A., M.D., LOS ANGELES, PROFESSOR OF OPHTHALMOLOGY
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On December 31st, 1903, Mrs. B. P. complained of pain in her left ear. Within a day or two, suppuration took place, with tenderness over the mastoid antrum, but this yielded to cold applications and the discharge ceased in a few days, to be followed, however, about the middle of January, by pain in the right ear, with bulging of the drumhead. This was incised and good drainage effected, but the temperature stood between 99 deg. and 101 deg. most of the time, with some tenderness over the right mastoid antrum. The muco-purulent discharge showed only the presence of diplococci, but the posterior superior wall of the canal drooped

so, on the 28th of January, an antrectomy was performed. A small amount of pus and granulation tissue was found in the mastoid antrum. The superficial cells seemed to be healthy, so as little of the structure of the tissue was destroyed as possible, but all diseased tissue was thoroughly removed. The patient left the hospital on the 11th of February, came to the office to be dressed on the 18th, presenting in the meantime an uneventful history. On the 23rd of February, she appeared at the office, suffering with considerable pain in her right ear, and with a temperature of 101.2 deg. The hot douche relieved the pain. At

*Read at the thirty-third semi-annual meeting of the Southern California Medical Society, held in Los Angeles, May 4, 1904.

8 o'clock in the evening, the patient had a chill, with vomiting. At 3 o'clock on the morning of the 24th, the patient vomited bile, had a temperature of 104 deg. and a pulse of 110, but with a free movement of the bowels, the temperature and pulse dropped, yet the patient remained so drowsy during the day that it was deemed advisable to open up the wound thoroughly, to find out, if possible, what the sudden change in symptoms might mean. At 6 p.m. I opened up the mastoid cells. I found them congested, but containing no pus. I curetted out all the cellular tissue clear to the tip. Patient vomited frequently during the next forty-eight hours, although her temperature at 10 a.m. on the 25th was 98.8 deg. and pulse 88, and did not go higher than 100.2 deg. during that twenty-four hours.

In the early morning of the 27th, patient complained of considerable sore throat, with neuralgic pains in the right eye and forehead. About noon, chills began running up and down the back. Patient retained malted milk, four ounces at a time, several times during the day. On the 28th, temperature was practically normal during the whole day and patient took considerable nourishment and retained the same. The morning of the 29th, patient had a great deal of pain in right ear and side of face, but the dressing developed nothing abnormal. However, at 6 p.m. the temperature had risen to 102.6 deg. and the pulse to 96. There was some swelling in the neck, with redness about two inches below the wound, running down the neck and forward under jaw, the line of demarcation not well established. On the morning of March 1st, the swelling in the neck had increased, as well as the redness, dividing line between healthy and inflamed skin marked. Temperature was up to 102.4 deg., pulse 110. One bulb of streptolytic serum was administered at 7:30 a.m. During the forenoon, patient had decided chill,

with several vomiting spells. The swelling was painted with iodine, and another bulb of serum was given at 3 p.m. As the temperature was up to 104.5 deg., a third bulb was used at 8:30 p.m. Patient had a fairly good night, but the swelling and redness had extended across the back of the neck and was higher on the cheek, so another bulb of serum was injected at 7:30 a.m., and the parts painted with iodine. During the morning, there was slight chilliness running up and down the spine, accompanied with more or less nausea and vomiting of bile. The temperature at 3 o'clock being 104 deg., another injection of serum was given, and a third one at 8:30 p.m. Patient's temperature did not go below 102.8 deg. during the night, restless, two drachms of neurosine administered by mouth, which was vomited. She complained of an uncomfortable feeling in the bowels, but after a glycerine enema, she had a fairly good rest. At 7:30, the morning of the 3rd, her temperature was 102.8 deg., pulse 104, with some nausea, although she retained some small quantity of milk and oyster broth. Another bulb of serum was administered. At noon, the temperature was 105 deg. and pulse 120, and another dose of serum was given. Patient vomited a dose of seltzer aperient, a repeated dose also being vomited. The inflamed area of the face was painted with ichthyol. During the afternoon, temperature and pulse dropped to 102.8 deg. and 104, respectively.

At 8 p.m., another injection of serum was given. During the early evening, the patient slept some, but had a chill at 10 o'clock, with considerable pain in the eyes. The right eye was swollen shut, the erysipelas had also gone around the neck and invaded the left side of the face. The temperature at midnight being 104.2 deg., another bulb of serum was injected and face was enveloped in an ichthyol mask. Balance of the night was very restless, with

a temperature of not less than 103 deg. and pulse of 100, the diseased area having involved the back below the waist line and the sides of the chest, which were kept painted with ichthyol. During the 4th, no serum was used. Patient was able to retain hot milk and lime water, also malted milk. Strength was maintained by hypodermic injections of strychnine, one-twentieth of a grain every six hours. On the 5th temperature varied between 103.8 deg. and 104.4 deg., and the pulse between 96 and 116, the night of the 5th and 6th being fairly comfortable. The morning of the 6th, the temperature was down to 101 deg., and during the day it ran only to 103.8 deg. At midnight, the temperature having run up to 104.4 deg., another bulb of serum was administered and at 7 o'clock, the morning of the 7th, it was repeated. At 8 p.m., another bulb was given. At midnight, the temperature was 99.8 deg. and the pulse was 80, patient having a very comfortable night, swelling gradually disappearing from the face and eyes. During the afternoon of the 8th, temperature ran up to 104.6 deg., and another bulb of serum was administered.

Patient had a good night's rest, swelling and redness had almost entirely left the face. Temperature varied but little from 102.6 deg. during the twenty-four hours of the 9th. Ceased using ichthyol on the face, but the redness spread to the arms, on which the ichthyol was used. During the next two days, temperature varied between 102.2 deg. and 98.8 deg. Early on the morning of the 12th, the patient was awakened by pain in the hands, which during the day, extended to the shoulders, and elbows, and these were bound in oil of wintergreen and alcohol. On the 14th, the lymphatic glands on the sides of the neck were much swollen and pustules appeared on the outsides of the legs and arms. On the 15th, the swelling of the glands of the neck had increased, while

the temperature had dropped to 98.8 deg., and did not go higher than 101 deg. The rest of the history to recovery was slow, but without important details. For two weeks the patient hovered between life and death, apparently.

On January 17th, 1904, I was called to see Mrs. G. N., age 40. She was suffering from acute otitis media of the right ear; there was marked tenderness over the mastoid antrum, and the ear was standing out from the head as though there were acute suppurating periostitis. The right maxillary antrum was also filled with pus. She was ordered to the hospital immediately, and an operation was done that afternoon. It appears that she had been suffering considerable pain, with quite a profuse discharge, both from the right ear and the nose, for something over two weeks, but had thought that each succeeding day she would be better. Operation revealed extensive necrosis of the mastoid cells and antrum. The amount of pus was not excessive. At the time of the operation, her temperature was 101.1 deg. and pulse 120. There was very little variation from this temperature and pulse rate until 4 o'clock of the 19th, when it ran up to 102.6 deg., pulse having dropped to 106.

The patient was very restless after the operation, did not sleep more than twenty minutes at a time, vomited bile several times during the night. The second night, she slept better, but was still nauseated and vomiting, complained of considerable distress in her back, which was rubbed with alcohol, followed by application of hot water bags, without much relief. During the night of the 10th, patient complained of discomfort in the bowels. On giving her an enema, she expelled a great deal of gas, and the returning water was highly colored. After this, she rested and slept more comfortably. On the 20th, patient complained of considerable headache, temperature ran up to 103.7 deg., pulse 102.

Ice cap was placed at head and hot water bag at feet. At noon of the 20th, temperature had run to 103.7 deg., pulse 108. Urine showed a trace of albumen. The wound showed but little secretion, but on account of the pain in the head, the ice cap was kept in contact most of the time. The night of the 21st was more restful. On the 22nd the temperature ran up to 104 deg., pulse 118. The pus showed streptococci, and the patient was given 10 c.c. of streptolytic serum. That night, patient had difficulty in passing urine, and had considerable pain in the effort, but had a fair night's sleep. The next day, she was somewhat irrational. After the use of bromide of potassium and the ice bag, patient became more quiet. During this night, she had several twenty-minute naps, but was quite restless, though more rational. The night of the 24th was a better night in the way of sleep, but the temperature varied but little from 102 deg., notwithstanding the fact that 10 c.c. of streptolytic serum were given night and morning. On the morning of January 26th, after a sound night's sleep, patient awoke, feeling sore all over, with temperature of 99.8 deg., pulse 106, but within six hours the temperature had run up to 105.1 deg. and pulse to 122, despite the use of a sponge bath. In the evening, the patient became delirious, very restless all night, constantly talking. The wound was in such good condition that it was dressed only every other day. Temperature continued in the vicinity of 103 deg. and pulse 120 during the next forty-eight hours, with but little improvement in the restlessness and delirium. On the 29th, temperature dropped to 99.6 deg., pulse of 109, patient became drowsy and objected to being aroused. The next day, after an elevation of temperature to 102 deg., it dropped to 99.4 deg., with pulse of 140. During the afternoon, patient became quite rational, had a fair night, but early in the morning of the 31st, became very rest-

less, and continued so during the day, was irrational until her death shortly after midnight of the 31st. The use of the streptolytic serum in this case seemed of but little, if any, value. A post-mortem examination was held, but no brain abscess or lesions of the meninges were found, so I was forced to believe she died of septicemia.

On March 5th, I was requested to call upon Miss D., aged 22, a nurse, who the evening before, upon blowing her nose hard, had experienced the sensation in the right ear of air coming through with pain. Examination showed the external auditory meatus filled with a chocolate colored discharge. On removing this, the drumhead was found split in the posterior inferior quadrant, and oozing from it, a discharge brownish in color. There was tenderness over the whole mastoid process and in front of the ear. Pain during the night had been excruciating, and the temperature at the time I called was 100 deg., and the pulse the same, 100. Active catharsis and hot boric acid irrigations every two hours for the ear were ordered, which greatly relieved the pain and improved her general condition, so that on the 6th, 7th and 8th, her temperature was practically normal and her pulse ranged between 76 and 90. On the night of the 8th the pain increased, and the tenderness over the mastoid antrum as well; the temperature ran up to only 99.2, with a pulse of 102, all the time the bowels being in good condition. The discharge from the external auditory meatus was profuse and of a peculiar chocolate color. Ice was applied over the mastoid process, but the pain, tenderness, height of temperature or pulse were not abated, and as a blood count showed 17,500 leucocytes; and as the posterior superior wall of the meatus was beginning to droop and the tenderness over the mastoid process had increased, it was decided to operate. Examination of dis-

charge from ear showed bacilli, but no streptococci or staphylococci.

The operation was performed on the 10th of March at 12:30 p.m. The cells of the mastoid process were found filled with pus; the lateral sinus was found exposed for a distance of three-quarters of an inch, from the action of the pus. The mastoid antrum was also filled, as well as the cells at the very tip.

The cells were removed as thoroughly as possible, the lateral sinus was left exposed for a distance of about an inch, and every particle of necrosed bone that could be found was scraped away. While the appearance of the lateral sinus was not as healthy as it might have been, it seemed best not to open it, because pulsation was perfect and the patient had shown no particular pyemic symptoms, nor was there any tenderness along the jugular. On the 11th, her temperature at 6 a.m. was 100.6 deg., pulse 98. At 6 p.m., temperature 100.6 deg., pulse 112. On the 12th, at 6 a.m., temperature 100 deg., pulse 98, patient was very nervous, had considerable pain in the neck and was unable to sleep. At 6 p.m., temperature 100.4 deg., pulse 104. Although patient was doing well, because of the exposure of the lateral sinus, I thought it best to redress. I found the gauze of a bright yellow color, and this was the case with every dressing for three weeks or more, excepting that the intensity gradually grew less; there was but little pus. On the 13th, at 6 a.m., temperature was 99 deg., pulse 92. At 6 p.m., temperature 99.4, pulse 98. On the 14th at 6 a.m., the temperature was 97.8, pulse 92. At 6 p.m., temperature 99.2 deg., pulse 96. On the 15th and 16th, the temperature and pulse were practically normal. On the 17th, at 6 a.m., temperature had run up to 101 deg, and pulse 86. By 6 p.m., temperature was 102.8 and pulse 108. On the 18th, at 6 a.m., temperature was 102.6 deg. The patient had had a fair night, but had awakened

several times because of perspiring so freely. The stiffness in the neck had been greatly relieved, by application of a lotion composed of equal parts of alcohol and oil of wintergreen. During the day, the temperature ran up to 103.4 deg., pulse 126, respiration 24, but at 6 p.m., the temperature had dropped to 102 deg., pulse 120. On the 19th, temperature had dropped to 100.4 deg., pulse 106. Upon removing the dressings from the wound, the lateral sinus burst, and there was free discharge of venous blood, which was quickly controlled by the gauze packing. The patient slept well that night, but by 3 p.m., of the 20th, the temperature had gone up to 105 deg., pulse to 130 and respiration to 28, so it was deemed wise to put the patient under an anaesthetic, in order that the conditions might be thoroughly investigated. The dressings were removed at 3:30 p.m., but the flood of blood was so thorough from both the distal and proximal ends of the sinus break, that it seemed unwise to ligate the internal jugular. The edges of the bony casement of the lateral sinus were trimmed as thoroughly as possible, the packings remaining in place. Just before lunch of this day, the patient had complained of being slightly cold, but had had no marked chill. The loss of blood was so great that a salt infusion of a quart and a half was put under the right breast. At 6 p.m., the temperature was 105 deg., pulse 124. At 6 a.m. of the 21st, temperature was 101 deg., pulse 108. Had had a restless night, complained of being chilly, with pains in the head. For these, an ice cap was prescribed. The blood count showed only 9000 leucocytes. During the next twenty-four hours, the temperature varied from 103 deg., to 99.7 deg. She took some nourishment and slept for short intervals during this time, being somewhat more comfortable. During the 22nd the temperature varied but little from 101 deg. On the morning of March 23rd temperature ran up

to 103 deg., and in the afternoon was 104 deg., patient being fairly comfortable. On the 24th, temperature varied between 100 deg. and 103.6 deg. The nights of the 24th and 25th, patient complained of headache. Ice bag was applied almost continuously. After the operation, the patient had taken but little nourishment through the mouth, but received high enemas of bovine in normal salt solution. Patient complained of considerable stiffness in the neck, which was much relieved by the solution of alcohol and oil of wintergreen. One day was much like another, there being a daily range of temperature of about three and a half degrees. The wound was dressed daily, the pus being inconsiderable, but the dressings always yellow. Both ends of the lateral sinus were effectually plugged by blood-clots, the granulation healing was healthy, but temperature would run high. On the morning of the 26th, temperature was 99.6 deg. and pulse 98. By evening, they had jumped up respectively to 103.6 deg. and 120, which was the highest until April 4th, when at 6 p.m., temperature was 105.6 deg., pulse 146, preceded by a chill which lasted three minutes. Another examination of the secretions failed to discover either streptococci or staphylococci, so it was deemed inadvisable to administer streptolytic serum. Blood count showed only 6000 leucocytes with 3,800,000 erythrocytes. During the next four days, the temperature did not drop below 101 deg.; the patient vomited nearly everything taken into the stomach, excepting champagne or brandy, taken in teaspoonful doses. She complained of much pain in the head, particularly when attempting to move it. The bowels were tense with gas, but this was remedied by enemas. There was but little variation in the daily records from

this time until the morning of April 16th, when her respiration became labored, being Stokes variety, with Cheyne loss of consciousness, death occurring at 12:55. At no time was the intellect clouded. She had considerable headache and distress in the abdomen and positional discomfort in the neck. There was no disturbance of the special senses and no cerebral vomiting. I had the able counsel of my colleagues, Drs. Frank Bullard, H. G. Brainerd and George L. Cole, who advised as to her diet and her medication.

The secretions from the wound were examined at the Hendryx Laboratory, under the supervision of Dr. Stanley Black, and the report says: That they were full of bacilli, but no streptococci or staphylococci. Dr. Black thought that the peculiar yellow color of the dressing might be due to the bacillus pyoceaneus, yellow being one of the two colors which the bacillus produces. Cultures of the pus, however, failed to give the characteristics of the pyoceaneus, and all further cultures would not develop anything characteristic of this bacillus.

On March 29th, a blood count was taken after the patient had had a slight chill, and only 6000 leucocytes were found, while 3,800,000 erythrocytes were found. On the 10th of April, after the temperature had been practically normal for twenty-four hours, a fourth blood count was made, at which time 14,500 leucocytes showed up, and 4,000,000 erythrocytes. I doubt not this patient died from an abscess, involving the base of the brain, and had the patient been any one but a young, strong, healthy individual, instead of living six weeks after the operation, she would have died in half that time. I exceedingly regret that I am unable to give you the results of an autopsy.

EARACHE.*

BY FRANK W. MILLER, M.D., LOS ANGELES.

Earache, while only a symptom, is of so frequent an occurrence, so distressing to the patient and even the entire household, and all too often the harbinger of serious trouble, that I believe we are justified in making it the subject of a short paper.

It is not my desire to burden you with tiresome details or a rehearsal of information of the "first-aid-to-the-injured" order.

Earache is the herald through which the presence of an enemy is made known, and proper attention to all cases of ear trouble thus announced would greatly reduce the number of chronic ear diseases.

Deafness from chronic catarrhal otitis media would be much less frequent, as would also chronic suppurative diseases of the middle ear with its train of mastoid lesions and the melancholy array of intra-cranial infections that so often escape ante-mortem diagnosis.

To a great many men, earaches, like the proverbial "coons," all look alike, and are treated on the broad, general principle of relieving the pain, irrespective of the cause.

A thorough examination should be made of all cases and the exact lesion located and recognized. This makes the use of the otoscope imperative. The too frequent habit of prescribing for these cases at random is to be deplored and is contrary to the modern idea embodied in the twentieth century medicine.

The causes of this symptom are manifold and may be classified as those arising from disturbances in the ear (intra-aural) and by reflex and contiguous causes (extra-aural.)

Reflex ear pain concerns us little in this paper except to be able to recognize and differentiate it from pain occasioned

by more or less serious otic conditions.

If no sufficient evidence is found in the external or middle ear we must, after careful exclusion, look elsewhere.

Pharyngeal and naso-pharyngeal inflammatory disease, wounds or ulcers of the upper portion of the tonsil, eruption of wisdom or any tooth back of the bicusps or dental caries, will at times occasion otalgia.

Pains from no apparent cause are to be found at times in hysterical and anaemic subjects. All of these reflex conditions are rare and are only to be credited after careful exclusion of ear lesions proper.

Acute diffused or circumscribed inflammation (furuncles) of the external auditory canal, are very painful and may simulate closely pain occasioned by trouble behind the drum. They are easily diagnosed and when treated surgically are promptly relieved.

Acute catarrhal otitis media is the one lesion that perhaps shares with suppurative (purulent) changes the distinction of causing most of the severer ear pains.

The tympanum, being lined with mucous membrane is subjected to the same disturbances common to other parts of the body where it is found, but with this difference; it is a closed cavity whose drainage is easily obstructed by the early swelling of the mucous membrane at its natural outlet.

The excessive secretion of mucus occasions pressure, and it is this pressure that causes the severe pain with which we are familiar. Purulent otitis media is but another step in the process. The bacteria of the throat easily find their way up the Eustachian tube.

The warmth and moisture of the tympanum afford an excellent culture medium. Their development fills the ear with pus, and according to their viru-

*Read before the Los Angeles County Medical Association. June 5, 1904.

lence, produces more or less increase of all inflammatory and pressure symptoms.

Any effort to relieve this pressure by general or local anodynes and applications is, of course, misdirected. An occasional result is attributed solely to the drug effect, but in practically all cases the relief is obtained by the effort of nature and the tympanum is drained through the tube into the throat.

Now to the point that I wish to make: The only rational treatment of earache, aside from the mild and transient form due to acute congestions, is drainage of the tympanum.

Paracentesis aseptically and properly done is practically free from danger. An inflamed drum is often sufficient indication for paracentesis.

The old theory of waiting for bulging before operating is now regarded as a fallacy. Bulging is not always present and when present is generally observed only a short time before spontaneous rupture takes place, and after serious extension may have occurred.

The technique of paracentesis is simple. The external canal is rendered aseptic by thorough syringing with 1-10,000 bichloride solution and dried by a few drops of alcohol.

In adults, local anesthesia may be produced (after softening the epithelium with hydrogen dioxide) by either the instillation of

R Cocaine.
Anilin oil.
Alcohol aa.

or

R Menthol.
Cocaine.
Ac. Carbolic aa.

rubbed to a paste and a few drops of alcohol added to make a syrup solution.

This is applied by means of a small applicator and over the line of incision. The latter is my choice and is usually sufficient to make the procedure painless.

In children and nervous adults, gen-

eral anesthesia is perhaps preferable. Nitrous oxide is very efficient. Paracentesis without anesthesia is attended by intense pain, but only of momentary duration.

A narrow knife fixed in its handle at 45 deg. is passed through the speculum and under good illumination, an incision is made through the tympanic membrane, including Shrapnel's membrane and extending along the posterior wall to the lower pole of the drum. This practically embraces one-third the circumference of the drum.

To be efficient, it must be extensive. The knife is then turned backwards and the tissues along the posterior canal wall are incised for half an inch outward, well down to the bone, relieving the congestion that is almost always present at this point.

The tympanum is then emptied of its contents by means of the pneumatic speculum or by Politzer's method, and the ear thoroughly cleansed by syringing or mopping.

Cotton should be placed in the external meatus and every detail should be attended with strict asepsis. The good results obtained are rarely overestimated. If pain persists, drainage is either insufficient or deeper structures are involved.

As to the other forms of treatment of earache—they are of small value compared with paracentesis. In a general way—brisk catharsis and opiates frequently relieve. Of the local measures—I have found the following to be as effective as any:

R Cocaine 10 per cent. sol. 3i.
Atropine Sulph. gr. i.
Morphine Sulph. gr. ii.
Aquae dist. q. s. ad 3i.

or a 10 per cent. glyco-carbolate solution. Adrenalin 1-1000 is useful.

Wet cups in front of the tragus are occasionally of value. Dry heat (Japanese pocket stove) is also grateful.

In conclusion: Earache to be treated intelligently, must be treated through the

speculum. In the mild, congestive forms, local applications may and often do prove beneficial, but if persisting for more than twelve hours, paracentesis should be done.

Early paracentesis, properly performed, is a harmless procedure—doing the greatest good to the patient with the

minimum of danger and suffering. It anticipates Nature, relieves pain and reduces the chances of mastoid and intracranial complications.

It is scientific, rational and founded on the principles of good "horse sense."
213 Conservative Life Bldg.

EUCALYPTUS OIL—ITS THERAPEUTIC VALUE.*

BY EDWARD G. BINZ, PHARMACIST, LOS ANGELES.

Knowing, as I do, of the many poor qualities of eucalyptus oil in the market today, prompts me to write an article of this kind.

Oil of eucalyptus, according to the U. S. P., should be distilled from the leaves of the *Eucalyptus globulus* only. There being over 100 varieties of eucalyptus, has prompted several, and I dare say, almost all the manufacturers in California, with but few exceptions, to distill oil, from a mixed collection of eucalyptus, especially the *Amydalina* and *Rostrata*, the yield of oil from the latter being over 3 per cent., while that of the *Eucalyptus globulus* is 1 per cent., and not content with that, they are using the woody parts of tree in their process in place of confining themselves to the leaves. This process imparts tar and resin to their product. Another objection to this process is that the oil obtained therefrom not only contains tar, resins, aldehydes, but the most objectionable terpene-phelandrene, which has no medical virtue as yet known, excepting that an oil containing aldehydes and phelandrene is irritating to the mucous membrane, while an oil devoid of phelandrene and aldehydes is soothing to the same, while *Eucalyptus globulus* contains no phelandrene, but mostly eucalyptol, which we all know is the most necessary adjunct of eucalyptus—eucalyptol being a strong antiseptic.

The Australian manufacturers of eu-

lyp oil are said to pay no particular attention as to variety—men, women and children gather the leaves from a mixed forest and bring them to the still and sell them. We, therefore, get from that source no true oil of *Eucalypt globulus*, and it is therefore not a good medicinal oil.

The fact that eucalyptus, like balsams and essences, impregnates the mucous membrane in particular, suggests at once the utility to be derived from the drug in inflammatory conditions of the respiratory and urinary mucus passages. The antiperiodic virtues, in cases in which quinine has either failed or is contra-indicated; in fact, eucalyptus is better borne by the digestive system than quinine, fatigues the stomach less; still it would be wholly erroneous to think of any possible therapeutic equivalent of eucalyptus and quinine.

A few more words on the special value of the drug in pulmonary tuberculosis will not be out of place, though no rational physician will look for any specific or even curative virtues regarding tuberculosis—in eucalyptus, more than any other drug. It must be confessed that the peculiar antiseptic and anti-catarrhal properties place eucalyptus at the head of all remedies from which any ameliorative of local tissue decomposition can be expected. In Italy the drug enjoys the enviable reputation of positively benefiting tubercular patients.

*Extracts taken from United States Dispensary, United States Government Reports, Gildermeister & Hoffman and Abbot Kinney.

Dr. Gimbert of Cannes, a well-known specialist of that famous tubercular sanitarium, expresses himself in terms of highest praise of eucalyptus in various tubercular processes, without contradicting the assertion of these physicians who succeeded in obtaining definite advantages in eucalyptus in tubercular affections, we must express our astonishment that, provided the drug did possess the alleged capacity, such effects should have been wholly unknown in this country. At all events, it appears advisable to exhibit various preparations of eucalyptus in the manifold affections in which its reputation is either firmly established or merely alleged; it will do no harm in either case, and might be conducive to valuable results in both.

The value of eucalyptus in various catarrhal affections of the genito-urinary apparatus is likewise great. The oil possesses more powerful antiseptic properties than "Phenol" and is accordingly used in an antiseptic spray and for antiseptic dressings. It is not so irritating, but possesses sufficient inflammatory power to render it a good rubefacient if applied with friction. An idea of its antiseptic powers may be gathered from

the fact that one and one-half parts in 1000 parts arrest the development of bacteria in vegetable infusions, its effect on the blood is powerful—it diminishes the power of the red corpuscles to absorb oxygen, as can be shown by the darkening of the red blood when a very dilute eucalypt oil is added to it. It also destroys the contractibility of the white corpuscle—many small insects are paralyzed by the vapor—so the value of eucalyptus as a disinfectant and also as an anthelmintic or vermifuge can be understood. It also acts very successfully in whooping cough, relieving the whoop and easing the cough as well as paroxysms. The oil may be administered internally with perfect safety from 5 to 15 minim doses; though in bronchial affection 2 to 3 minims are very efficient. Dr. Thorndyke recommends 10 to 15 minims in cases of chronic cystitis, and claims to have obtained very satisfactory results. The oil of *Eucalyptus globulus* is the most satisfactory because it contains the largest percentage of eucalyptol, and is free from phelandrene and aldehydes, and is therefore non-irritating.

THE TRAINED NURSE AND THE LARGER LIFE.*

BY NORMAN BRIDGE, M.D., LOS ANGELES, PASADENA AND CHICAGO, EMERITUS PROFESSOR OF MEDICINE, RUSH MEDICAL—IN AFFILIATION WITH THE UNIVERSITY OF CHICAGO.

In making a formal address on an occasion like this there is something of a temptation to indulge in the common platitudes; to glorify the nurse's calling; to enlarge on the fact that this is a great epoch in the life of the graduates; to romance a little on the very proper theory that they are destined, in the practice of their profession, to bring joy into the lives of unnumbered sick people; that they have a true missionary work before them, and that they

are, by their demeanor, sure to uphold the standard of their guild and to bring honor to their alma mater. The list of beautiful and sweet things of this kind that might be said, and said with the utmost propriety, could be prolonged almost indefinitely. They are pleasant things to say and to hear, and they might be said tonight ungrudgingly and with perfect truth.

But these are the superficial and most obvious things to say; they voice the

*Delivered at the commencement exercises of the Training School for Nurses of The Pasadena Hospital, May 26, 1904.

first mental impressions of a graduation-day ceremonial, and they are always proper and of good form. Moreover, they are easy things to say. A deeper and more philosophic view prompts a lot of questions, and sees other and may be larger meanings.

Notwithstanding recent history, this sort of an occasion is relatively novel; twenty-five years ago it would have been almost unique; fifty years ago it would have been impossible. It marks the development of a new order of things for women and men, as well as society in general; a step in a real social emancipation of our kind. Such an occasion as this would have startled our grandmothers. They were debarred from all schools of higher education; and there were no schools for them of any special professional education; they were well fettered to tradition. The idea that in the stress of sickness and accident people should be nursed as well as operated upon and prescribed for by experts, was in their day only just beginning to be discussed. Now it seems the most natural thing in the world, and we wonder it was not discovered before. It has lowered the death rate of cities, and it is one of the few epoch-marking improvements in the struggle against death and suffering, made in the nineteenth century. The public has come slowly to realize the value of trained nurses and now insists on having them. Such innovations develop in a quarter of a century, that we are apt to forget what things are wholly modern and what old.

And the nurses improve. As a profession they have taken on dignity. They are, to begin with, a selected company. From the day a girl first inclines to be a trained nurse she becomes the subject of pruning and elimination. She has less than 50 per cent. of certainty to be admitted to a first-class school; and once admitted she has a large percentage of certainty to drop out

before her graduation. If she is graduated she may fail in the most delicate art extant—and which no training school can teach her completely—the art of adapting herself to the public, for her and its good. Truly, the graduate trained nurse has reason to be proud, especially if her degree comes from a school of exacting conditions.

Who would have thought twenty years ago that a school for the education of women to nurse the sick could ever become a department of a university? Yet this wonder is foreshadowed by developing events now going on, and is likely soon to be realized.

Some training schools now require a high-school certificate for admission to their classes, and put a premium on previous college work. It has befallen that some of the sick at least need, in their nurses, culture as well as neatness and refinement; and that elevating companionship and power to instruct and entertain in a fine way are often a potent force for recovery, when brought to the bedside by a fine woman not of the patient's own family. Then it is elevating to a patient to have a nurse who is his mental and moral superior, without pretending to be. He cannot belittle her, and she may elevate him.

These high-standard training schools have made another discovery, namely, that a good preliminary education creates for a girl a poise and woman's self-control (and therefore safety as a pupil in training,) at least three years earlier in life than these qualities could be sure to come solely by the march of time. It is usually absurd to keep an academic graduate in moral quarantine for a score of moons, meditating on her well-earned diploma, till her twenty-three years have caught up with her attainments, before she can enter a training school of the right sort. The age conditions of entrance to the older schools is probably justifiable, considering the grade of pupils which their low

educational conditions are liable to bring them, for at all cost there must be some maturity of viewpoint and personal reliability in every pupil, and twenty-three years will usually bring them. But real education hastens them; crowds them into the earlier years, and creates maturity. It helps to wisdom if it does not create it.

There is another phase of this subject that is of surpassing interest. The training schools are both a cause and an evidence of certain great changes in the estimate of all classes of people, as to the place of the true woman in society and as to what the true woman really is. These shift-ings affect women more than men, but only a little more, for the new masculine estimate of women constitutes nearly, if not quite, half of the movement. And the movement has been steady, slow, pervading improvement in the opportunities to women to do things, and in the belief of the world in their greater rights and powers to do things.

The trained nurses are an evidence of the change, for without some amelioration of the former severe popular standards the nurses could never have entered to the degree they have into the good opinions and the service of the public. And no one who has watched their successful work and the maintenance of their position—sometimes in the face of grave obstacles—can doubt that they have also helped to produce the change.

Time was, in this country, and not so very long ago, when woman was vastly more restricted in her social and legal rights and in her activities than she is now. This is familiar, almost contemporaneous, history. Then she was under the constant protection of the male members of her family. She was chaperoned, hidden, metaphorically veiled, and protected—she was unable to protect herself; and she was given away, as in an earlier time she had sometimes been stolen and carried away. Her fields

of activity were few, and in these she was expected to be active, especially if they were in the sphere of hard work. But sometimes, then as now, her sphere was to be idle and ornamental, and she was relatively ignorant of the essential facts of the commoner knowledge of the world. Any attempt to enlarge her scope was a suggestion of some defec-tion in her character. Even to try to become greatly educated was mannish—flagrantly so, if she would fill her head with the facts of the world, like animal physiology and pathology. By the old standards woman must be ignorant like the slaves in the South before the Civil War—with the difference that the woman must be chaperoned. A woman was held not to need much education, and much education was thought to lessen her charms. And what education soever she had must be as ethereal and ornamental as possible. Less than twenty years ago a course in domestic science was introduced into the curriculum of a classical academy for girls in New England, and was condemned as a sacrilege by numerous critics. They said it would degrade and belittle the noble thing called woman's education.

Some of these old prejudices still linger even with us, and promise to linger long. In our marriage ceremonies, for example, the bride is often "given away"—a relic of the time when she was given away, indeed, with or without her consent, as is still the case in the Orient.

Innocency was the highest attribute of excellence of woman, especially of a young woman—as it must continue to be forever. But the old doctrine made it synonymous with ignorance, and to that this later-day awakening demurs, and says that to be innocent of wrong it is not necessary to be kept in ignorance of any truth of nature—but that the truths of the universe help rather than hinder in that kind of rectitude that is a real virtue.

Even now, after we have conceded

more responsibility as well as liberty to woman, we often pretend to ourselves that she is still ignorant, as though that might in some way make us more sure of her immaculateness. Many of our customs still testify to this deception, and we cling to certain of our customs with great tenacity, often in utter disregard of whether they are useful or not. If it is a custom of women that is to be relaxed and made less severe, the more timid of us are liable to hold up our hands and declare that the foundations of social order are in danger.

An absurd incident in point occurred in the early decades of the last century in rural New England. It was given me by my mother, of blessed memory, and occurred in her personal observation. A woman in her town adopted a new fashion, then just being heard of as coming into vogue in the cities, and was at once pounced upon by nearly all the neighboring women as having done something out of character. She was censured as much as one of these trained nurses would be should she walk down town smoking a cigar. It was, I believe, my grandmother, who, in her independent sense of justice and to show her contempt for the ungenerous criticism, proceeded to adopt the fashion herself.

What was the fashion? It was proper by every criterion save that of its novelty, and it was in the highest sense hygienic and comfortable. We can smile at the mixture of conservatism and prudery with which the neighbors felt outraged, and declare that such foolish judgments shall never enter into our estimate of the conduct of others; but it was unavoidable to them, and we are not wholly safe from danger of similar blunders. The fashion that shocked those prim dames was the wearing of drawers by women to protect the lower extremities. This garment, it seems, had never been worn before by any woman of that country, and the inno-

vation was a shock. In a year or two the fashion had very properly spread to nearly every household in the community. The women came to their senses. This episode shows in a grotesque way how foolish the human genus may be when it acts without thinking. This first innovating woman was taunted with not only wearing the garments of men, but with having designs on the vocations of men as well, and with being immodest. And I should not like to warrant that no person in this audience is this moment censuring me for having related this incident. I wish I knew that all of us had put away all of our prudery.

The trained nurse, like the college woman graduate, has helped to a public avowal that women may acquire any and all knowledge, and indulge in numerous physical and social activities, and not be coarsened by them. There is a wholesome and a growing class of the better people who refuse to see in waspish waists, untanned faces, mental insipidity, and general uselessness, the marks of the admirable in womanhood. They see these rather in outdoor color, good muscles, capacity to do things, knowledge and courage to inquire, a sane independence, self-respect and good fellowship. These are coming to be the marks of character and worth; and the career of the trained nurse has helped to cultivate the better public opinion. With her, to be sensible has come to be fashionable; the people have learned to regard her as incapable of the commoner forms of feminine nonsense. Fancy if you can a graduate of a first-class training school or of a university, wearing a tight corset or foolish shoes or gloves, or powdering away the rich tan color of her face; or of simpering.

I think this very reputation for wholesomeness is one of the incentives that cause many young women to enter training schools. Who in selecting a course of education would not be glad

to find one that would take him for life into a company respected for its vocation, and honored in the community? We join secret orders and strive to get into coveted social sets for similar reasons.

No student of sociology can doubt that the changes I have referred to have benefited the community as a whole. They are especially of value to men by enhancing the man's estimate of the real woman, and enlarging his belief in her capacity and powers; and these changes have come about in no small degree by men having been cared for by the expert nurses. The man as a patient may have been rather startled at first at the idea of a young nurse taking charge of him and ministering to his every want for restoration to health. But the experience has usually ended by his having a higher opinion of the worth of the real woman. This influence has been a useful leaven that has worked powerfully—and no one can know of the value of this force so well as a physician of experience enough to have seen the old régime change to the new, and to have practiced under both. Having had that experience, such an one knows the facts, and the facts are patent to all the seniors in the profession.

Another influence for the betterment of the standing of the graduate nurse, and through her womankind everywhere, is the admirable character which these nurses have maintained. I venture to say that the graduates of no college for women have a record for probity, efficiency, kindness and general woman's character, superior to that of the graduates of the high-class training schools of this country. They have demonstrated, what even such critics as women are do not doubt, that a woman may be trusted to her own chaperonage without a breath of suspicion from anybody. And that is an achievement that marks an epoch.

To what is this consummation prob-

ably due? Undoubtedly in large measure to the rigid selection of the personnel of the pupils. If superior women are selected for training, superior graduates may be expected; but you cannot, in any three or four years of training, make a refined lady out of a girl who is devoid of some essential refinement in her nature. These are axioms, but wholesome to be repeated now and then.

It is, however, positive that a large part of the peculiar superiority of the graduates is due to the very nature of their drill and work. Think of what the work is, and its spiritual influence. From beginning to end of her course the pupil must have the weal for comfort and health, and even life of others as her constant duty. Her service is essentially one of unselfishness, and she has little time or encouragement for selfish ends. She knows the eyes of the public, the doctors, her teachers, her fellows, and the patients are upon her constantly. So severe is this that at first it is often extremely trying to the health of the pupil, more so than is witnessed in any other sort of a school for women in the history of the world—sometimes it destroys her health completely; but if she does not break, she rises high in power and efficiency. The patients may look to her for strength and comfort—they sometimes lean on her in sorrow, and this is an influence that makes even crude human nature grow in grace. Then, the nurse in the absence of the doctor is solely responsible for the patient, and she shares his responsibility with him, and sometimes her part of it is appalling. A mistake on her part is not a simple class-room blunder—it may cause a death. If she can bear this, the thing happens that comes to most human beings under similar strain: she stands erect and grows in poise and moral stature; temptations to littleness and meanness grow less tempting, and her vision of the real worth of human character grows broader and more ac-

curate. She learns what is the dross to be rejected and forgotten as soon as possible, and what the virtues to tie to and be encouraged by. And her appreciation of childhood and flowers and music and all cleanness enlarges rather than lessens; her judgments grow more temperate and sane—and so she makes a career worth living for and worth dying for; and she often does die in the belief that she has been but a poor forgotten cog in a great wheel, whose cogs are easily replaced, instead of a potent influence toward the betterment of women and men the world over.

So these graduates are about to enter a new profession, that has been born out of a new and better dispensation; and grown to honor within the memory of most if not all of them. It is no small achievement to have done this. If the event is not sufficiently novel to be surprising, it is ground for congratulation that they stand where they do today as a result of work and trial and struggle and perhaps grief—and after severe natural and factitious selection. If anyone thinks that the struggle was not hard enough and the selection not sufficiently severe, let him be told that probably their successors will find these progressively more terrible. So far for the first harvest of these graduates—the second will be their professional success, if that shall ever come to pass.

The greater fact is that they today enter a company of women who have been educated in a new kind of knowledge, which is of the greatest usefulness for any woman in any work or walk of life. It will be enormously valuable to every one of them, even should she never do a day's work of nursing outside of her own home. Besides, it gives them the ability to look down little or much, on most of other womankind. Vanity and conceit over this fact would be unbecoming any way, and such an ignoble emotion will be smothered when they reflect, as they must, that whether they pursue the profession or not they have a large responsibility which they can never evade so long as they live, to maintain that reputation of their guilt which their predecessors have placed high, to the end that woman may have larger liberties and opportunities, and may earn more honor, with no harm, but benefit to the social life of the race.

Nor are good nursing and good conduct enough for this duty that is upon them. They are a living proclamation that women, especially this sort of women, shall also know somewhat. And knowledge accumulates and changes with time. They cannot and must not stop in their intellectual growth. They must read, observe and think, and increase in wisdom as knowledge advances.

ANTERIOR UVEITIS, ITS EARLY DIAGNOSIS AND TREATMENT.*

BY SAMUEL OUTWATER, M.D., RIVERSIDE, CAL.

Inflammation of the anterior uvea, at its commencement, appears to the patient to be nothing but a simple sore eye; so that he neglects to consult even the family physician, but takes the advice of his well-meaning friend, or the remedy of the prescribing pharmacist.

Even the wonderful glasses of the optician, who poses under a variety of high-sounding titles, are not forgotten.

Most general practitioners give but a slight examination to these cases, in their inception, and prescribe for them as a simple catarrhal conjunctivitis.

*Read at the thirty-third semi-annual meeting of the Southern California Medical Society, May 5th, 1904.

This being especially so, if there be but little pain or injection of the eyeball. In fact, it is rarely the case that the oculist is consulted until the disease is of some days' duration.

The anterior uvea is composed of the iris and ciliary body; clinically, we may also include the anterior portion of the chorioid. As the arterial supply of the iris mainly passes through this ciliary body, it is to be expected that inflammation affecting this body will be but seldom confined to it. The extension of the inflammatory process from the iris to the ciliary body, while not so common, is still of such frequent occurrence that we may consider them together, under the title of anterior uveitis, pointing out briefly as we proceed wherein they differ.

In hyperaemia the pupil is somewhat contracted and does not react well to light; there is also a slight discoloration of the iris. It is most frequently seen in corneal affections.

SIGNS AND SYMPTOMS.

Pain, with some exceptions to be noted later, is probably the first symptom to fix the patient's attention; at any rate, it is to obtain relief from his suffering that he usually seeks the physician. Sometimes the pain is so slight that he fails to realize that there is trouble of any moment. At other times it is extremely severe and radiates from the globe to the brows, the temples, the vertex, and the side of the nose. The rim of the orbit will be sensitive to pressure. As a rule, the photophobia and lachrymation bear a close relation to the quality of the pain.

The enlarged episcleral branches of the anterior ciliary arteries cause the pink zone in iritis, while in cyclitis the color is more of a violet. Keratitis also causes this appearance.

In very severe cases the conjunctival vessels are involved, causing chemosis and swelling of the upper lid. According to Fuchs, this is a sign of ciliary in-

volvement. The cornea in these cases becomes dull and steamy, and deposits are found upon the endothelium. The iris will have lost its brilliancy and become blurred.

When both eyes are affected, color changes are not easily appreciated; but broadly speaking, a blue iris will become a dull gray, a hazel, a dirty brown, while brown changes to various shades of red. However, if the cornea and aqueous are cloudy, color changes are not very reliable.

The pupil will be slightly contracted and its motion impaired; due in the early stage to engorgement of the vessels and spasm of the sphincter, and later to the exudation of inflammatory products into the anterior and posterior chambers, and into the substance of the iris.

In mild cases, the exudates produce a turbidity of the aqueous, which causes the dark background of the pupil to appear gray and hazy. In severe cases, the cells and particles of lymph may settle to the bottom, forming a hypopyon which is occasionally colored red. Rarely, the effusion becomes coagulated, giving rise to the so-called "spongy exudate," more characteristic, however, of cyclitic involvement. Often there are no characteristic marks on the iris in syphilitic cases; frequently, however, small nodules are found at the pupillary or ciliary margins. They vary in size from a millimeter and upwards, are of a yellowish red color, and are made of numerous round cells collected at certain spots along the vessels.

The exudation of plastic material binds the margin of the pupil at different points to the capsule of the lens, forming the so-called posterior synechia, which, probably are the most characteristic sign of an iritis. In repeated attacks, or in very severe neglected cases, the entire margin of the pupil may be so adherent, closing all communication between the anterior and posterior chambers (exclusion.) This condition may

not at first seriously affect vision, but ultimately it causes increased tension and blindness. The exudate may even glue the posterior surface of the iris to the capsule. It is recognized only by the great depth of the anterior chamber, especially at its periphery, and occurs only when cyclitis complicates the iritis. The pupil is also, occasionally, entirely blocked (occlusion,) by a grayish exudate which, while producing great diminution of sight, does not of itself entail future dangers.

It is the layer of pigment epithelium forming the posterior surface of the iris, and not the stroma, that enters into the formation of these adhesions. So that should these adhesions become ruptured from the spontaneous movements of the iris, or the proper application of a mydriatic, evidence of the condition will be found in the shape of dots of uveal pigment on the capsule, and brown tags projecting into the pupil. These never disappear and always give evidence of a past iritis. Dilatation also brings out the notched shape of the pupil, which is caused by the points of adhesion between it and the capsule.

The disturbance in vision will usually correspond with the obstruction in the pupil, the turbidity of the aqueous, and deposits on the cornea. If these impediments do not exist the vision is not greatly reduced in iritis, a point of some importance in assisting to differentiate between an iritis and irido-cyclitis.

Simple cyclitis occurs but seldom, and then assumes, in most cases, the chronic form with but slight inflammatory symptoms. The iris being normal, the diagnosis is made from the presence of punctate deposits upon the posterior surface of the cornea, or slight opacities in the vitreous.

The punctate deposits, or dots, according to Fuchs, are masses of cells enclosing some pigment granules, and held together by fibrin. They are suspended in the aqueous, and thrown by

movements of the eye on the posterior surface of the cornea, where they assume something of a triangular shape. Smellen (a) states that these dots are made up of cells and short bacilli. They probably were first described by James Wardrop (b) in 1818, and he likened them to the eyes of some very small pebbles. They are somewhat peculiar in appearance, and once seen will not be forgotten.

Since Wardrop's time they have attracted considerable attention, and are known and described under various names, as descemetitis, aquo-capsulitis, keratitis punctata, and serous iritis. These names, while possibly convenient, are nevertheless misleading, and can with benefit be discarded. At times there seems to be a faint dullness near the back of the cornea; this on magnifying resolves itself into "cross-hatched" lines of a grayish color, often accompanied by the punctate deposits. These lines are frequently seen after operations on the cornea.

The dots are usually of microscopic size, and necessitate the use of a corneal magnifier for their detection; occasionally they are as large as the head of a pin and of all gradations between. Fuchs claims that they originate in the ciliary body and not in the iris, as is proved by cases of simple cyclitis in which numerous dots are present, but all symptoms of iritis are wanting. H. Friedenwald, (c) however, in a paper published in 1896, asserted that these punctate deposits are present, together with infiltrations and striations in the posterior layer of the cornea, in all cases of iritis. Bruns, (d) in a paper in 1901, contends that "These deposits will be shown to be most frequently the principal symptom of an acute exudative chorioiditis; provided we make more careful ophthalmoscopic examination, in iritis and cyclitis, after the disappearance of the vitreous opacities." H. Friedenwald, (e) at the 1902 meeting

of the American Medical Association, reported that he found these deposits in 31 out of 38 cases of fresh exudative chorioiditis. Hiram Woods, (e) at the same meeting, stated that he found the dots in 20 out of 37 cases of recent exudative chorioiditis. Hill Griffith, some fourteen years ago, at a meeting of the Ophthalmological Society of the United Kingdom, stated that he had seen these deposits in over 40 cases of fresh chorioiditis without involvement of the iris.

It would, therefore, seem probable that these punctate deposits may originate from any portion of the uveal tract.

When cyclitis complicates iritis we have a very serious condition, which may eventuate, ultimately, in total loss of sight and atrophy of the globe.

There is a form of anterior uveitis, which occurs with but slight symptoms of inflammation and little, if any, pain or redness; the patient only complains that his vision is becoming steadily worse. Posterior synechia, increasing to complete annular adhesions, is found; often a thin membrane in the pupil is seen, together with vitreous opacities of increasing extent, and later opacity of the lens. Total blindness results after a slow progress for years. These cases are usually described as irido-chorioiditis, and Fuchs asserts that they constitute one of the most frequent causes of blindness in old people.

Many acute cases occur in which the pain is unbearable, being associated with vomiting and marked febrile disturbance; often much worse at night, as in syphilitic cases.

Tension, which is generally unchanged in simple iritis, often shows marked alteration in cyclitic complication; being elevated in the beginning from the great amount of exudate poured out, and in the later stages, diminished.

In involvement of the ciliary body, if the anterior media are sufficiently clear,

vitreous opacities of varying size and density may be made out; and they cause a corresponding diminution in vision.

ETIOLOGY.

Traumatic and sympathetic anterior uveitis are probably the only primary varieties of an undoubted local origin; and these from their importance constitute a class by themselves, and are not here considered.

In the great majority of instances the primary inflammation is conceded to be of constitutional origin, Brailey and Stephens, (f) after reviewing a number of very interesting experiments by various men, concluded that, as a majority of constitutional ailments are of a bacterial nature, it follows that most forms of irido-cyclitis are due to the action of micro-organisms. De Schweinitz, (g) in a recent paper, (1902) claims that it is not unreasonable to assume that the irido-cyclitis is caused, in these cases of constitutional origin, by the excretion from the uvea of some toxin, bacterial or otherwise.

Secondary inflammation of the anterior uvea originates in contiguous parts. It is most frequently developed in the course of a suppurative keratitis; occasionally in deep scleritis; and more rarely as an extension forward of a posterior uveitis. Lastly, it may be caused by luxation of the lens, and by tumors.

Syphilis, according to Fuchs, is the cause of about one-half of all cases of anterior uveitis, and in the majority of instances, other than hereditary, it appears after the first eruption on the skin. Rheumatism is probably the next most frequent causative factor, and although not so destructive to vision as many varieties, there is greater tendency to relapse. Among the other numerous causes may be mentioned gonorrhoea, gout, influenza, diabetes, typhoid fever, tuberculosis, erysipelas, meningitis, pneumonia, herpes, smallpox, psoriasis, and varicella. Often we can not ascribe it

to any definite condition of the system.

TREATMENT.

There are two principal indications in the treatment of anterior uveitis; first, the relief of the local symptoms of pain and photophobia, and to secure prompt dilatation of the pupil; second, to search out and treat any constitutional disease that may be a causative factor.

Sulphate of atropine, or some other of the mydriatic series, is the principal remedy, and the sooner we get its local effect the better for the conservation of that most important sense, perfect vision. By its prompt action in dilating the pupil recent adhesions may be ruptured, and the inner margin of the iris carried away from the axis of the pupil, thus lessening the dangers of future adhesions. It also paralyzes the ciliary muscle, and puts the eye at rest. Moreover, by contracting the iris it reduces the amount of blood in its substance, and undoubtedly acts as a sedative.

As a rule, as soon as we secure full dilatation of the pupil, we obtain partial relief from the distressing symptoms. At first, it is best employed by using a drop of a 1 per cent. solution every ten minutes for an hour; after the pupil responds use only sufficient to keep it dilated. When the pupil does not readily dilate, as occurs in some difficult cases, or when one wishes to rupture some recent adhesions, a bit of the solid sulphate may be placed in the conjunctival sac. As alarming systemic effects are more liable to happen from this method of using the drug, one should keep the punctum everted and carefully watch the effect.

Adrenalin chlorid may be used to enhance the effect of the atropine. It is also of some use in assisting to differentiate between a deep ciliary and a superficial injection of the blood vessels. Weeks (h) claims that it penetrates the eyeball, and has a haemostatic effect on the iris, and aids in increasing the ac-

tion of atropine, cocaine, and eserine. When the eye is not too irritable, the alkaloid atropine may be mixed with vaseline. As cocaine has a disturbing effect on the corneal epithelium, its use will often accelerate the action of the atropine.

Redness, swelling, and considerable irritation are sometimes the local results of the use of atropine. Occasionally, too, one meets with an individual who is extremely susceptible to this drug; even a couple of drops of the 1 per cent. solution causing marked systemic disturbances. In such cases, one-quarter per cent. solution of scopolamine or hyoscyamine may be substituted. Salomonsohn (i) has recently recommended as high as a 3 per cent. solution of scopolamine, in some difficult cases; and he states that one drop will keep the pupil dilated twenty-four hours.

When the ciliary body is markedly involved in the inflammatory process, atropine may increase the pain, congestion, and other symptoms. We must then either discontinue its use, or employ a very weak solution. Should increased tension appear we must stop the atropine; and if necessary use a miotic, as physostigmine or pilocarpine in weak solution, often alternating them with cocaine. When these means fail to relieve the tension, we may open the anterior chamber.

It would seem appropriate, at this point, to emphasize a caution, that Fuchs long ago gave, in regard to the indiscriminate and unnecessary use of atropine; many practitioners, especially those of the homeopathic persuasion, prescribe it in dilute solution in nearly all of their eye cases. This caution is particularly applicable in the case of old people, whose eyes quite frequently have a glaucomatous tendency; the atropine in such cases may be the inciting cause of an attack of this dread disease. Also, in conjunctivitis it causes not only unnecessary disturbance in vision, but

frequently increases the catarrhal condition. Atropine should, therefore, be employed only upon definite and distinct indications.

In suspected cases of iritis, when glaucoma is feared and one deems it necessary to dilate the pupil for examination, euphthalmia may be used. Darier (j) has lately recommended in such cases methyl-atropin hydrobromate.

In the very early stage, the local abstraction of blood is very efficacious in relieving the pain and congestion; often the pupil will now promptly respond to the atropin, when previously it had no apparent effect.

Heat is most useful in relieving excessive pain, and it also favorably modifies the other inflammatory symptoms. It is best employed by dipping lint or other material into water, as hot as the hand will bear, then wringing it and rapidly applying it to the closed lids. So soon as it is the least bit cool, replace it by a second bunch. One must be thorough in its use to obtain the best results. It is desirable to rub vaseline on the skin, to prevent the heat from irritating it. These hot applications may be kept up for a half-hour, or until relief is experienced; and they may be repeated several times a day, according to the severity of the symptoms. It is advisable, in the intervals of the hot water applications, to keep the eye covered with something warm.

Cold is recommended by some; but heat is much more efficacious in relieving the severe symptoms, except in early traumatism when cold is indicated.

Various remedies to relieve excessive pain are employed, as morphine, Dover's powder, aconite, antipyrin, etc. A 2 per cent. solution of dionin may be used in the conjunctival sac, as recommended by Konigstein, (k) J. W. Ingalls, (l) and others. Patients complain, however, that it causes considerable irritation. Terson (m) has recently employed a few drops of a 1 per cent. solution of

dionin, by injecting it into the temple.

Profuse diaphoresis is productive of great good in relieving and shortening the inflammatory process. It is most certainly obtained by a hypodermic of pilocarpin, one-eighth grain, followed by the administration of hot drinks. The patient should be in bed, warmly covered and surrounded by hot bottles. It may be repeated every other day, provided there are no contra indications.

Subconjunctival injections of sodium chloride, corrosive sublimate, iodine, and hetol, have been used to a considerable extent in late years, especially by the Germans. In a discussion on the treatment of uveitis, at the 1902 meeting of the American Medical Association, De Schweinitz (n) of Philadelphia stated that, now, he only used subconjunctival injections of sodium chloride, and that he obtained good results in irido-cyclitis. C. Wessely (o) of Berlin concludes, from a number of experimental researches, that the injections are but strong irritants and would, therefore, be indicated only in chronic conditions without much inflammatory reaction. Marple (p) of New York, in a paper on the treatment of uveitis, after considering these injections, sums up as follows: "It is as yet uncertain how much good they accomplish, or just what are their indications."

Counter-irritation is often beneficial in chronic cases.

It is of the utmost importance that the constitutional condition, underlying the uveitis, should receive prompt and thorough treatment; this being especially so in syphilitic cases. As the large majority of cases of syphilitic iritis occur during the secondary stage, we should employ mercury early and thoroughly and, preferably, by inunction. In non-specific cases, salicylate of sodium in large doses often has a decidedly beneficial effect. Even in these cases, mercury should not be overlooked. Increasing doses of potassium iodide are

also beneficial in hastening the absorption of recent exudates.

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REPORT OF OUT-PATIENT OBSTETRICAL DEPARTMENT COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA, SCHOOL YEAR 1903-4.

BY TITIAN COFFEY, M.D., LOS ANGELES, INSTRUCTOR IN OBSTETRICS IN THE MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

The following brief report of the work being done in the out patient obstetrical department of our medical college may be of interest to both practitioners and students as well as to other readers of the Southern California Practitioner:

This department was inaugurated last November to supplement the chair of obstetrics and to give our senior students an opportunity of applying practically what they had learned didactically. Such work is a crying need among most medical colleges. Students have every advantage along clinical lines for the observation and study of all sorts of medical and surgical cases, but practically none when it comes to the observation and conduct of normal or pathologic obstetrical cases.

With the consent of the faculty and under the auspices of Dr. M. L. Moore, Professor of Obstetrics, the following plan was adopted and put into practice. Cases as secured are assigned to two senior students, who are then in charge and see the cases from time to time un-

til date of delivery. At such time, one man conducts the delivery; the other the third stage. Ten days post partum work is done by said students, and upon being assigned to the next case, reverse the order of conducting the delivery, so every man has an opportunity of making a delivery and conducting the third stage throughout. As our work has grown, the students have had opportunity of each caring for several cases in this manner. On operative cases, we try to have as many students present as possible.

The object is to teach the men how to diagnose and conduct obstetrical cases in a scientific and aseptic manner, demonstrating to them the mechanism of labor and the various methods of procedure in operative cases.

The technique is about as follows: Upon receiving a call, the students in charge at once repair to the patient's residence. An external examination is first made, in which they are personally instructed, to ascertain the presentation

and position of the child. Pelvic measurements are taken; following this, the patient is properly prepared for internal examination, and the various findings are demonstrated to the students as they examine. As said before, one student conducts the delivery, the other keeps control of the uterus and expresses the placenta, and vice versa on their next case.

Following delivery and tying the cord, the baby is laid away until the third stage is completed, after which follows the toilet of the mother. The baby is then given an oil bath, cord is dressed, the child is weighed, properly clothed, Credé is done to the eyes, with toilet of the mouth, ears and nose. Ten days post partum work follows, in which the students attend the toilet of the mother and baby, reporting daily the temperature, the pulse, condition of the breasts, uterus, lochia, etc.

This coming year we expect to have a record, which will be filled in each day.

All primipara are delivered personally by the one in charge of the department to demonstrate the technique, and of course all abnormalities and operative cases are so handled, using the students as assistants.

Our cases have been referred to us by the Associated Charities, the College Settlement nurse, the Deaconess nurses, the Humane Society, Miss Heyward of the Mission settlement, and we are further indebted to Doctors Carl Kurtz, McGarry and Skeele for cases.

Since starting in November, to the present date, July 1st, 1904, we have had 57 applications for care during confinement. Of this number, 26 have been delivered and 7 are on the waiting list, all of them due before October 1. Of the remaining 24, they either were not found when sought by the students, had changed their residence and been lost track of, or had not sent in calls when labor commenced. The Mexicans, among whom much of our work is done, move

from one corral or camp to another, or flit between the country ranches and city, and with their inability to talk English, and native shyness, are extremely hard to keep track of. Again, they are apt to wait until the last minute before sending in the call, and the baby is sometimes born anywhere from one to twenty-four hours before our arrival.

Of the twenty-six cases confined, we have had much of interest. The students have had an opportunity of observing three cases of severe post partum hemorrhage with two tamponades of the uterus; two cases of inevitable abortion necessitating manual curettage; one case of twins, cephalic and breech presentation respectively; one case of rigid os, due to scar tissue, necessitating dilation with the Carl Braun colpuerynter; one hydramnios; one baby with tabes cranialis; one case ectopic gestation, going to term and delivery of dead baby by laparotomy; one generally contracted pelvis with forceps delivery; one flat rachitic pelvis with fore-lying cord, version and extraction; one case prolapsed cord with version and extraction; one case threatened rupture of the uterus with forceps delivery.

We have had no cases of infection, which is all the more remarkable, for much of our work is done in the hovels and tents of the corrals in the Mexican quarter of the city, where the surroundings are anything but hygienic.

The utmost precaution, however, is taken to properly prepare the patient before internal examinations or manipulations are made. The students are required to examine and deliver in sterile rubber gloves, after preparing the hands as for a major surgical operation. Of course all this necessitates the carrying of a large grip with our supplies.

The mortality of mothers is nil, not a case having been lost. Of the babies, one was still born, following a prolonged

labor and difficult forceps operation, and though the heart was beating at the time of delivery, the asphyxia pallida was so grave that resuscitation was impossible. Another, the ectopic gestation case, died during the eighth month *in abdomino*, and a third died from asphyxia neonata-

torum, having been born before our arrival.

The work, for a beginning, has been of much benefit to the students, and we feel confident will grow rapidly as the years go on.

306 Wilcox Building.

SELECTED.

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY.

BY ROSE TALBOTT BULLARD

PREVENTION OF POST OPERATIVE CYSTITIS.—(*Bertrage Z. Geb. und Gynak., Jour. A.M.A., June 4, '04.*) Baisch believes that a post operative cystitis is necessarily due to infection from the catheter. There is no reason for assuming infection from the intestine. The germs found are almost invariably streptococci or staphylococci; coli infection is generally secondary. He advises as a prophylactic measure to inject 20 c.c. of a 2 per cent. boric acid glycerin into the full bladder, the evening before the operation in case of post operative ischuria. The catheter is not used before the injection. As a rule, within five minutes after the injection of the glycerin the bladder is spontaneously emptied. Urination once established in this way continues normally thereafter. He seldom has found a second injection necessary. In case micturition is not induced within a reasonable interval he draws the urine with the catheter, but this has been needed in only the most exceptional cases. He announced this method some time ago and his later experience has only rendered him more emphatic.

logical and Obstetrical Society by Dr. Keiffer. He considers that what he calls the pregravidic signs of conception may possibly be defined, and his clinical evidence is of much value in relation to tubal pregnancy. When once the fertilized ovum is in the uterus—that is to say, when uterine gestation has commenced, diagnosis is not easy for several weeks. Von Braun and Piscacek claim to have detected pregnancy in the first week, by noting a more or less longitudinal groove either in the back or front of the uterus. Dirner of Buda-Pesth claims to have diagnosed pregnancy very early, if not so soon as the first week, by Von Braun's sign. Obstetricians would like to hear of yet wider experience of this method of diagnosis. Hegar's sign, the detection of a soft tract, on bimanual palpation, between the cervix and the body, is not available till the sixth week. Keiffer believes that there may be definite signs associated with the rupture of a Graafian follicle, and with the passage of an impregnated ovum along the tubal canal. He fancies that sensations of slight pelvic discomfort accompany these phenomena, but are not, as a rule, severe enough to lead the subject to seek medical advice; occasionally they are severe, but an incorrect diagnosis of a pathological condition is made. Keiffer reports three cases in which sudden pel-

THE DIAGNOSIS OF CONCEPTION.—(*Editorial British Med. Jour. Med. Rev. of Rev., May, 1904.*) A monograph of great practical importance was recently read before the Belgian Gynec-

vic pain and very distinct swelling of one or both ovaries occurred. The Fallopian tubes in two instances could be detected swollen; in one patient uterine hemorrhage with spasmodic pain was noted, and in another there had been inflammation of the appendages which had subsided, but was supposed to have recurred. In all three patients perfectly normal pregnancy followed the attack of pain and ovarian swelling. Keiffer ob-

serves that the ovary is much enlarged when the follicle due at the period is ripe; indeed, this enlargement has often been observed in the course of an ovariectomy. Possibly the sharp pain signifies muscular contraction of the tube when it receives the ovum, and they may perhaps be sharper when that ovum happens to be impregnated. Hemorrhage is also a tubal sign.

DEPARTMENT OF PHYSICAL AND ELECTRO-THERAPEUTICS.

CONDUCTED BY ALBERT SOILAND, M. D.

"The danger of allowing warts and moles to remain lest they become malignant," is the title of Dr. W. W. Keen's article in the July 9th issue, *Journal A.M.A.* Dr. Keen gives the history of twenty-five cases with microscopic findings and operative results. He points out the danger of allowing warts and moles to remain as they very frequently are the precursors of malignancy. Stress is laid upon mechanical irritation of these epithelial elevations as initiating the tendency toward malignancy. The doctor advises early radical removal of all these blemishes. In the discussion which follows the reading of Dr. Keen's paper, various agents are suggested to remove the warts and moles, such as the knife, the Pacquelin cautery and acid. One of the best methods, however, of effectually destroying all kinds of papillomata is galvanic electrolysis. There is very little pain; the base of the growth is thoroughly destroyed in one sitting and the resultant scars scarcely noticeable.

In the same journal the following abstract appears:

GALVANISM IN MUCO-MEMBRANOUS ENTERITIS.—In a recent number of the *Presse Médicale*, No. 27, Dr. Zimmern described

the excellent results he had obtained in muco-membranous enteritis by the use of the galvanic current applied externally to the abdomen. The treatment consists in applying the two electrodes in the right and left iliac fossae, and using a current which starting from 0 is slowly and gradually brought up from 60 to 150 milliamperes, then as slowly reduced to 0. The direction of the current is then reversed. Each treatment lasts about twenty minutes, and is repeated three or four times a week. No special attention is paid to the diet, though highly-spiced food is, of course, forbidden. All enemas or cathartics are strictly prohibited with the following exceptions. If there is much constipation, two spoonfuls of castor oil are given every five days, or a large lavage of the intestine if the castor oil does not produce the desired effect. Every day a very small enema of cold water (100 grams) is given so as to start the intestinal reflex of defecation, which is more or less dulled by the lack of sensibility of the mucous membrane. According to Zimmern the results obtained are not so much due to an action on the muscular coating of the intestine as to action on the general circulation of the intestine. Out of thirty patients treated in this manner only

two were refractory to the treatment, and twenty were absolutely cured, the remaining eight being only ameliorated. Dr. Delhenn, another specialist in this line, described the results obtained by the galvano-faradic treatment in fifty-three patients; forty-six cases were very much ameliorated by the treatment, and thirty-six remained cured after a year.

Geuonville and Compain in the *Presse Médicale*, Paris, also report on the

FARADIC TREATMENT OF URINARY INCONTINENCE.—This method of treatment is particularly effectual in children and especially in those who have had incontinence from the earliest infancy. Of forty subjects, 55 per cent. were cured and 63 per cent. of the children between 6 and 12 years old. The sittings numbered from five to eight in the "congenital" cases, while the others required six to sixteen, with the exception of five, who had twenty to twenty-nine sittings. Improvement during the first week—even if slight—is a favorable sign that a cure will be attained finally. The electricity may be applied directly to the sphincter or to the region. All but 20 per cent. of the subjects were improved or cured, and in sixteen a complete cure was realized in a maximum of sixteen sittings.

The author of this department has treated two cases of incontinence by this method and complete relief was obtained after twenty treatments.

A few days ago I was enabled, through the courtesy of Dr. Shurtleff, to make a radiogram of a child's hip that had been treated for some months by an osteopath. The child, who was getting gradually worse under this treatment, was finally brought to Dr. Shurtleff for diagnosis. The doctor found a contracted hip, very painful on movement, and a mass of fluid around and below the joint. He at once suspected tuberculosis and directed the child to my

office for a confirmatory skiagram. When the plate was developed we found that the bones which composed the articulation had lost their identity through tubercular necrosis and that the joint was filled up with pus and broken-down bone. This condition was carefully explained to the child's parents and prompt surgical interference urged to prevent, if possible, general tubercular infection. The parents had full faith in their osteopath, however, and thought he could rub the disease out. Think of manipulating violently a joint full of pus and necrosed bone, and yet some of our law-makers champion the cause of osteopathy and many States recognize them as competent to treat all disease.

613 Johnson Bldg.

ANCIENT PROVERBS.—*Credo ut intelligam.* (I believe, in order that I may understand.)

Sapere aude: incipe. (Have courage to be wise. Begin!)

Possunt quia posse videntur. (They can, because they think they can.)

Tolle, lege. (Take and read.)

Nullius in verba magistri. (Do not blindly follow any master.)

Humani nihi! alienum. (All that is human has interest for us.)

Per nos, non a nobis. (Through us, not by us.)

Securus judicat orbis terrarum. (The universal judgment may be trusted.)

Quod fugit usque sequar. (What flies me still will I pursue.)

Otium sine litteris mors est. (Leisure without literary occupation is death.)

Nemo solus sapit. (There is no monopoly in wisdom.)

Tendit in ardua virtus. (Courage breasts the steep ascent.)

Integros haurire fontes. (Draw from unpolluted springs.)

Abeunt studia in mores. (Study builds up character.)

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Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

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DR. F. M. POTTENGER, Asst. Editor.
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DR. GEO. L. COLE }

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EDITORIAL.

JUSTICE TO MEDICAL STUDENTS.

Among the many good suggestions made by President Musser of the American Medical Association, in his address at the recent meeting in Atlantic City, was one concerning the advisability of seriously considering the work of students in medical colleges at the beginning of the second or third year, and thus prohibiting the incompetent ones from continuing their work to the third and fourth years.

This suggestion might well be considered by all medical colleges. To permit a student to barely pass his examinations in the first, second and third years and then refuse to graduate him at the end of the fourth year, seems a little lacking in wisdom on the part of the faculty; if not in wisdom, at least in kindness and justness to the applicant. Had such a student been warned of his deficiencies at the beginning of the second or third year, and told frankly that

it was doubtful whether he would ever be able to make a competent physician, it would certainly place the faculty in a much better position to deal with the student intelligently, frankly and consistently at the end of the fourth year.

Something like the following might work out well in practice. Let there be appointed a committee of three, composed of members of the faculty teaching the junior and senior classes, to confer with the junior class, at the beginning of the junior year, about their former and prospective work. Let this committee be provided by the secretary of the college with the gradings of students in their first and second year; such gradings to be used as a basis for consideration of their past and future work. The object of such a conference would be to sound a warning to the poorer students and thus stimulate them to better work; to commend the good work of the better element of the class, and

to aid them all in aspiring to the best there is in the medical profession. In a class of twenty-five or thirty, the students could be divided alphabetically into three sections and each section assigned to a member of such committee for conference.

Such a course would give an opportunity for the student to know that the first and second year work had been taken into consideration carefully not only by those who had taught during the two years, but also by the third and fourth year faculty. It would also give an opportunity to let the students know that their conduct and general standing in the college had been observed, and if carefully and conscientiously worked out by the committee ought to be of great help to the student body.

I would not carry the idea that it is always the student with the highest markings that makes the most successful practitioner. Nevertheless, in considering applicants for graduation the faculty must necessarily depend largely upon the gradings given during the four years, and this being the case, it would seem only justice to the student to use his markings of the first and second year as a basis for determining his ability for proceeding to the third and fourth year.

By such a procedure some members of the faculty would be more willing to reject unworthy applicants for graduation and the rejected applicant could not feel that he had been allowed to proceed to the end of his course simply that his tuition might be received by the faculty.

GEO. L. COLLE.

EHRlich's SIDECHAIN THEORY.

This idea explaining immunity and giving a reason for the use of serums is now attracting great attention, and occupying much space in scientific journals.

As Dr. Pottenger said in the Southern California Practitioner for July, 1903, "When, in 1890, it was shown by Behring that immunity to a given disease could be artificially produced by the introduction into an animal of a serum from another animal which had been previously subjected to increasing doses of the cultures of the germ causing the disease, all previous notions of immunity had to be changed." This important paper of Dr. Pottenger was the first exposition of this subject published on the Pacific Coast. One year later, July, 1904, the Southern California Practitioner published an illustrated paper on the same subject by Dr. Stanley P. Black. We beg to urge every scientific physician to read and reread Prof. Black's paper and then turn back one year and study the paper of Dr. Pottenger. We must all have an intelligent, clear idea of Ehrlich's theory and these two papers will put us next.

EDITORIAL NOTES.

Dr. Alfred Loersch has removed from Santa Barbara to Anaheim.

Dr. L. A. W. Burtch of Clifton, Ariz., has been spending a month in the East.

Dr. L. L. Connor of Phoenix has been spending a few weeks in the East.

Dr. P. M. Butler of Mammoth has been successfully fishing at Avalon.

Dr. John W. Trueworthy has been taking a vacation at Lake Tahoe.

Dr. John R. Colburn of Los Angeles has been visiting in Idyllwild.

Long Beach and Santa Monica are each establishing co-operative hospitals.

Dr. Carl Kurtz of Los Angeles has been fishing in the waters of Catalina.

Dr. W. L. Spates of Globe, Ariz., has been visiting his mother in Redlands.

Dr. Dumont Dwire is about opening a private hospital in Oxnard.

Dr. C. Van Zwalenburg of Riverside is doing some post-graduate work in New York City.

Dr. Harold M. Jones of Pomona is spending a few weeks in eastern cities.

The physicians and other citizens of Long Beach are actively at work projecting a hospital.

Dr. H. G. Brainerd of Los Angeles has returned from a two months' tour of the East.

Dr. F. R. Burnham of San Diego has returned from an outing of several weeks in the Yosemite.

Dr. C. H. Connor of Albuquerque has been spending a few weeks in the East.

Dr. W. N. Vilas of El Paso, Texas, has been in Los Angeles for a few weeks.

Dr. C. H. Fitzgerald of Albuquerque has returned home after an eastern visit.

Dr. A. T. Newcomb of Pasadena has returned from a three months' post-graduate course in New York City.

Dr. Albert Fenyas of Pasadena has just returned from six weeks in Northern California.

Dr. J. W. Elder of Albuquerque has been enjoying a vacation in Los Angeles.

Dr. B. F. Herrings, formerly of Eagle City, Oklahoma, has located in Roswell, New Mexico.

Dr. Dudley Tate of San Francisco an-

nounces that for quacks Los Angeles beats the world.

Dr. F. H. Hadley of Whittier has returned from a visit to the City of Mexico.

Dr. J. J. Bleecker of Pasadena is spending a few weeks in special work in New York.

Dr. E. F. Burton of Tucson, Ariz., has been spending a few weeks in Pasadena.

Dr. L. R. Metzger of San Ana has been visiting his old home in Pittsburg, Pa.

Dr. Bim Smith of Hermosillo, Mexico, has been visiting old friends in Los Angeles.

Dr. A. J. Chandler of Mesa, Ariz., has been having a good time with friends in Los Angeles.

Dr. T. E. Presley, an oculist from Oklahoma, has located in Roswell, New Mexico.

The projected Angelus Hospital and College of Physicians and Surgeons of Los Angeles have begun excavating for their buildings.

Dr. George E. Goodfellow, the eminent San Francisco surgeon, has been shaking hands with friends in Los Angeles.

Dr. A. R. Hickman of Douglas, and Dr. F. E. Shine of Bisbee, have been spending a few weeks in New York City.

Dr. Wm. Brill of Los Angeles has returned from a month's outing with the Sierra Club in the Yosemite Valley and higher Sierras.

Dr. J. W. Wood and Dr. J. F. Hamman have formed a co-partnership at Long Beach under the firm name of Wood & Hamman.

The engagement is announced of Dr. Philip Stanley Chancellor of Santa Barbara to Miss Emma Elsie Mattiesen of La Salle, Ill.

Dr. Raley P. Husted Bell, of No. 8 West Seventy-first street, New York City, has just returned from five months of foreign travel.

Dr. Charles H. Jones of Tempe, has been appointed by Gov. Brody as a member of the Territorial Board of Medical Examiners in the place of Dr. Wm. Duffield, who has resigned.

Dr. L. P. Kaul of Jerome, Ariz., recently distinguished himself at Avalon, Catalina Island, by catching in one morning eight yellow tail that averaged twenty-five pounds each.

Dr. George H. Simmons, secretary American Medical Association and editor of the Journal of the American Medical Association, is abroad to remain until the middle of September.

The new clinical building of the Medical College of the University of Southern California is rapidly assuming large proportions. The contractor claims that it will be entirely finished by the first of October.

The California Hospital of Los Angeles has let contracts for a brick building that will give accommodations for about sixty additional patients. These improvements will cost about \$85,000.

Dr. W. W. Roblee of Riverside, major and surgeon of the Seventh Regiment, recently delivered an address to the members of that regiment upon "Hygiene and First Care to the Injured."

At a meeting of the board of trustees of the State Hospital for the Insane in San Bernardino county Dr. A. P. Williamson of Minneapolis was elected as successor to M. B. Campbell as medical superintendent.

The Pottenger Sanatorium for Diseases of the Lungs and Throat at Santa Monica, Cal., will be enlarged at once by the addition of fourteen more rooms. Plans are already prepared and building will begin at once.

Dr. Albert W. Moore of Los Angeles, who recently graduated from the Medical College of the University of Southern California, has gone to Philadelphia to take a post-graduate course in the University of Pennsylvania.

Dr. T. M. Heard of San Bernardino has been appointed surgeon with the rank of captain, in the sanitary corps of the National Guard of California, and has been detailed to service with the Seventh Regiment.

Dr. Wm. Duffield of Phoenix has been appointed Territorial Superintendent of Public Health, to fill the vacancy by the resignation of Dr. R. M. Dodsworth who has removed to Long Beach, Los Angeles county.

Dr. J. T. M. Allen and Miss Myrtle Bufkin were recently married in Pasadena. Dr. Allen has for several years been connected with the California Hospital, and he now accepts a position at the head of a hospital in Zapota, Mexico.

Mr. George Sands Goodwin has taken the editorship of the Medical Book News, published by Blakiston, Philadelphia. This magazine has been a very bright, newsy and bookish publication, and we have no doubt that it will continue to develop under its new management.

When this number of the Southern California Practitioner appears ye editor will be hiking down the pike at St. Louis with his eyes, ears and mouth wide open. Dr. Pottenger, associate editor, will attend to the final details of publication which accounts for this number looking a little better than usual.

Dr. G. M. Baumgarner of Escondido has exchanged practice for three weeks with Dr. W. V. Nichols of Oceanside, thus affording both an opportunity to have a change. This is a very happy idea, and the time may come when the physicians of Chicago will exchange practice with the physicians of Pasa-

dena, thus giving each an economical outing.

The London Times of recent date announces that Julian Kutnow, of the well-known London firm of Kutnow Brothers, will soon visit Los Angeles, Cal. This revives memories of theater parties, the music of popping corks and delightful headaches. There were several Julians who figured in ancient times, but there is only one in current history, and he is not an apostle.

The Pomona California Review, in furthering the project of building a hospital in Pomona, claims as an argument that the California Hospital in Los Angeles pays annual dividends amounting to \$35,000. As this is almost three times the amount of dividends that have been paid that institution in one year on an investment of nearly \$200,000, we believe that somebody has been carrying fairy tales to the editor.

A prominent Arizona practitioner writes to the Southern California Practitioner as follows: "I have just received a marked copy of your journal, for which I wish to thank you. I find in the editorial notes no less than nineteen items that are of direct interest to me, so I want you to send me the Southern California Practitioner regularly, for these editorials as much as for the articles, though there are some very good ones, especially the one by Dr. Soiland. You will find a check enclosed."

Dr. W. F. R. Phillips was guest of honor at a complimentary luncheon given in Washington, D. C., on July first by his former associates in the Weather Bureau. Dr. Phillips has just resigned the position of Librarian and Climatologist of the Weather Bureau to accept position of Dean of the medical faculty of the Columbian University. On this happy occasion Prof. Willis L. Moore, Chief of the Weather Bureau, on behalf

of his associates presented Dr. Phillips with an elegant watch guard and charm. The doctor has many friends in Los Angeles who wish him every success in his new position.

The ninth course of the Lane Medical lectures will be given at the Cooper Medical College, San Francisco, by Wm. H. Welch, Professor of Pathology in Johns Hopkins University, the subjects being "Infection and Immunity." They will begin at 11 o'clock a.m., August 15th, and there will be a lecture each day at 11 a.m. and 8 p.m. for five days. While the attendance is subject to invitation, yet we know any physician writing to Dr. C. N. Ellinwood, President of Cooper Medical College, San Francisco, or calling on him, will be gladly given a cordial invitation. These Lane lectures are a great benefit to the profession of the Pacific Coast.

The date set for the next session of the American Medical Association, which is to be held at Portland, Oregon, is from July 11th to 14th, inclusive, 1905. The college commencements will all be over and it will be an excellent time for the profession of Southern California to take a vacation. A good plan would be for the profession of Southern California to get together soon and appoint a committee to arrange for a special train from Los Angeles to the Portland meeting. No doubt good rates can be secured and medical men of the south can arrange to take their families on a nice outing and at the same time attend the great medical meeting of America.

We call especial attention to the paper by Dr. Titian Coffey, giving a report of the out-patient obstetrical work at the Medical College of the University of Southern California. Besides the great value that this work is to the students, giving each of them practical experience before graduating, we cannot

help but realize the blessing it is to the poor of Los Angeles. Here are twenty-six cases that have been confined in the depths of poverty without a single case of infection. This thorough training in the technique and par-

ticularly the asepsis of the obstetrician results in an ever-increasing blessing as the years go by, due to the work and influence of those who were taught the value of surgical cleanliness in the lying-in room.

BOOK REVIEWS.

VON BERGMANN'S SURGERY. A System of Practical Surgery. By Drs. E. von Bergmann, of Berlin, P. von Bruns, of Tubingen, and J. Miculicz, of Breslau. Edited by William T. Bull, M.D., Professor of Surgery in the College of Physicians and Surgeons (Columbia University,) New York. To be complete in five imperial octavo volumes, containing over 4000 pages, 1600 engravings, and 110 full-page plates in colors and monochrome. Sold by subscription only. Per volume, Cloth, \$6.00; leather, \$7.00; half Morocco, \$8.50 net. Volume III just ready. Pages 918, with 595 engravings, 21 plates. Lea Brothers & Co., Publishers, Philadelphia, Pa.

This volume is devoted to "Surgery of the Extremities." The young man should purchase this work in cloth and thank God, but the practitioner of means should get the half morocco and thus have on his shelves, in a beautiful binding, a work that will prove to be a classic.

The first section of this volume is devoted to Fractures and Dislocations. This is followed by Tuberculosis of the Hip Joint, Resection of the Hip and Amputations. These subjects are all thoroughly illustrated.

VOLUME I, NO. 1, OF SANITATION. a monthly Journal of Hygiene and Sanitary Science; Official Bulletin of the State Board of Health of Pennsylvania, Associated Health Authorities and Sanitarians of Pennsylvania, with Wilmer R. Batt, M.D., editor and publisher, P. O. Box 802, Philadelphia, Pa., comes to us as a full-fledged, respectable magazine. It appears to us that there is room for this journal, and we wish it every success. The subscription price is \$1.00 per year.

INTERNATIONAL CLINICS, a quarterly of illustrated clinical lectures, and especially prepared original articles on treatment, medicine, surgery, neurology, pediatrics, obstetrics, gynecology, orthopedics, pathology, dermatology, ophthalmology, otology, rhinology, laryngology, hygiene and other topics of interest to students and practitioners, by leading members of the medical profession throughout the world. Edited by A. O. J. Kelly, A.M., M.D., Philadelphia, U.S.A., with the collaboration of Wm. Osler, M.D., John H. Musser, M.D., Philadelphia; Jas. Stewart, M.D., Montreal; J. B. Murphy, M.D., Chicago; A. McPhedran, M.D., Toronto; Thos. M. Rotch, M.D., Boston; John G. Clark, M.D., Philadelphia; Jas. J. Walsh, M.D., New York; J. W. Ballantyne, M.D., Edinburgh; John Harold, M.D., London; Edmund Landolt, M.D., Paris; Richard Kretz, M.D., Vienna. With regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Volume II. Fourteenth series, 1904. Philadelphia, J. B. Lippincott Co., 1904.

The July volume of the International Clinics is an exceptionally good number. The articles are timely and practical, and the work is well illustrated. Special mention should be made of the article on page 181 by Frank Billings, A.M., M.D., on Carcinome of the Pancreas with Jaundice; Cardio-Renal Disease; Atheroma of the Aorta and Aortic Insufficiency; Tuberculous Peritonitis; Pressure Neuritis. The connection of Cardiac disease with certain forms of nephritis is one, that in certain stages, often puzzles us to determine which is the original trouble.

THE PRACTICAL MEDICINE SERIES

OF YEAR BOOKS, comprising ten volumes, on the year's progress in medicine and surgery, issued monthly under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology, Chicago Post-graduate Medical School. Volume V, on Obstetrics, edited by Joseph B. De Lee, M.D., professor of Obstetrics, Northwestern University Medical School, April, 1904, and Volume VI, General Medicine, edited by Frank Billings, M.S., M.D., head of the Medical Department, and dean of the faculty of Rush Medical College, Chicago, May, 1904. Chicago, The Year Book Publishers, 40 Dearborn street.

Both of these volumes compare well with the former volumes of this series. The type and paper are rather better in these volumes than in some of the preceding ones. There seems to be an improvement in the make up of the book, as well as in the contents as the series grows older.

CLINICAL TREATISES ON THE PATHOLOGY AND THERAPY OF DISORDERS OF METABOLISM AND NUTRITION, by Prof. Dr. Carl von Noorden, physician-in-chief to the City Hospital, Frankfurt, a.M. Authorized American edition, translated under the direction of Boardman Reed, M.D., Professor of Diseases of the Gastro-intestinal tract, Hygiene and Climatology, Department of Medicine, Temple College; physician to the Samaritan Hospital, Philadelphia, etc. Part V, concerning the effect of Saline Waters (Kissingen, Homburg) on Metabolism. By Prof. Carl von Noorden, Frankfurt, and Dr. Carl Dapper, Bad Kissingen. New York, E. B. Treat & Company, 1904.

This little book is the second edition of a thesis that Dr. Carl Dapper published eight years ago from the clinic of Prof. von Noorden. The investigations published were carried out jointly by Dr. Dapper and Prof. von Noorden. The views give rather a welcome addition to our therapeutic armamentarium.

PROGRESSIVE MEDICINE, Vol. II, June, 1904. A Quarterly Digest of Advances, Discoveries and Improvements

in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica, in the Jefferson Medical College of Philadelphia. Octavo, 334 pages, 47 illustrations. Per annum, in four cloth-bound volumes, \$9.00; in paper binding, \$6.00, carriage paid to any address. Lea Brothers & Co., Publishers, Philadelphia and New York.

The June issue contains four subdivisions: Surgery, gynecology, medicine and ophthalmology. Each of these articles, which together cover the major domain of modern medicine, is from the pen of an authority especially selected for the qualities which the task preeminently requires—experience, trained judgment and critical acumen. The aim of the authors has not been to summarize *all* that has been written within the sphere of their respective subjects: their purpose is to give the best, the most reliable, the truly progressive contributions to modern theory and practice, and to skillfully weld this new material into the great structure of modern medicine.

Complying with a general request from subscribers, Progressive Medicine is now issued in strong, paper covers, which has two advantages, the first enabling the publishers to send it by mail instead of express, and to reduce the price from \$10 to \$6 per annum.

THE DOCTOR'S LEISURE HOUR. Facts and Fancies of Interest to the Doctor and His Patient. Charles Wells Moulton, General Editor. Arranged by Porter Davies, M.D., 1904. The Saalfield Publishing Co., Chicago; Akron, O.; New York.

This is the first volume of The Doctor's Recreation Series. When completed this set will comprise twelve volumes. It is the intention of the publishers to issue one volume each month. This is the first comprehensive set of books making an appeal to the Doctor's literary, humorous and genial side. The set is sold only by subscription. It is issued in two styles; cloth and half-morocco, at \$2.50 and \$4.00 per volume.

It is full of amusing anecdotes and delightful selections of poetry and prose. The editor has borrowed liberally and with discretion from "Life," "Puck," "Judge," "Punch," and from such authors as Dr. S. Weir Mitchell, John Kendrick Bangs, Jerome K. Jerome and Ian MacLaren. It is beautifully printed and bound, and makes a most delightful volume for the leisure hour.

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DISEASES OF THE EYE, by L. Webster Fox, M.D., Professor of Ophthalmology in the Medico-Chirurgical College of Philadelphia, with five colored plates and two hundred and ninety-six illustrations in the text. New York and London. 1904. D. Appleton & Co.

Simple in diction, choice in selection, a work well adapted to the careful student and the painstaking practitioner, and a wide foundation for him who expects to limit his practice to ophthalmology. Such is the pleasingly-printed book of Fox, on Diseases of the Eye. The reviewer has found not a little to help him in actual practice. The treatment

of corneal ulcer with iodine vasogen, and in desperate conditions 25 per cent. application of trichloroacetic acid, the reviewer tried on his recommendation. He can agree with the author that the results are both startling and satisfactory. (P. 160.)

Not long ago, on seeing a case of erysipelas of the lids and orbit, the reviewer searched through many books to see what had best be done. Fox stated of erysipelas, "Its presence contra-indicates any operation upon the eyes or eyelids." However, as the author states in his preface, the ophthalmologist must build for himself, so in spite of the above assertion, the reviewer did what the author would have done, performed external canthotomy and made free incision in the lid—with perfect result. This result was brought about by and aided, no doubt, by the free use of streptolytic serum.

Chapters of especial merit are those on retinæ, orientation by the X-ray, and glaucoma.

THERAPEUTICAL HINTS.

"MORE LIGHT."

"I honor him who still in age aspires,
Not satisfied by gains of younger years;
Who sits not down, or shed vain tears,
Because the heart has lost some high
 desires,
But searches on; his spirit never tires;
Though eyesight fail, the inner vision
 clears,
One of the brotherhood of white-cowled
 seers

Who feed with sweetest oil truth's altar
 fires.
He does not heed the fast-descending
 sun,
The twilight gloom, the terrors of the
 night,
But says, in words of Attica's wise one,
'I grow old, learning'—youth-inspiring
 sight;
And breathes, exultant, when the day is
 done
With Welmar's dying sage, 'More light,
 more light.'"

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DR. WALTER LINDLEY, Editor.
DR. F. M. POTTENGER, Asst. Editor.
DR. H. BERT ELLIS } Associate Editors.
DR. GEO. L. COLE }

STAB WOUND OF THE HEART—REPORT OF CASE.

BY ARTHUR M. SMITH, M.D., POLICE SURGEON, LOS ANGELES.

William Smith, colored, age 22, well developed, on July 28th, received a stab wound in the left breast, blade penetrating into cavity of right ventricle. The patient came to the Los Angeles Receiving Hospital at about 3 o'clock p.m. From time of stabbing until commencement of operation, about thirty minutes. When the patient was first seen at the Receiving Hospital, there had been very little hemorrhage externally; the radial pulse was imperceptible; the heart sounds could be heard by placing the ear to the chest. The patient seemed to rally some just before he was placed on the operating table, and was conscious all the while. The anesthesia was commenced with ether; the patient's chest was shaved, scoured with green soap and water, cleansing with sterilized water, washed antiseptically with a solution of bichloride of mercury, then alcohol and ether. Examination showed a punctured wound between the fourth and fifth ribs, two inches to the left of the sternum. The probe revealed nothing by which to form a diagnosis, and, realizing that great hemorrhage was in progress, and from the location of the

wound, the collapsed condition of the patient, and the lack of the radial pulse, that in all probability the heart had been punctured, we decided to explore the wound. A curved incision about six inches long, beginning at the upper border of the fourth rib, extending through the stab wound to one inch to the right of the left border of the sternum; cutting in and finding the wound, steering toward the heart, we made a four-inch incision at a radius from the center of the first incision and dissected back the flaps. At this stage our subject stopped breathing and artificial respiration of four minutes' duration restored natural respiration. We then resected two inches of the fourth and fifth ribs for more room, and at this juncture bleeding was profuse and interfered greatly with progress. With the index finger the wound could be followed to a laceration in the pericardium. Not having enough room, we were forced to remove a portion of the sternum. Realizing from the amount of blood welling up with each pulsation that the flow must be stopped and stopped quickly, we enlarged the open-

ing into the pericardium and could then feel the puncture in the heart (right ventricle.) With forceps we held the heart at the edge of the puncture and brought the heart itself to view. The action of the heart muscle was distinctly perceptible as the fingers were inserted in the puncture. Bringing the heart up into the incision, a forcep was placed on the other end of the laceration and by traction with the forceps and the aid of the fingers, we stayed somewhat the flow of blood. The laceration was ragged and parallel with the heart muscle fibers. We used a continuous silk suture in stitching it. After relaxation of the forceps there was still some flow of blood from the laceration. We again caught up the heart and took several more stitches, stopping hemorrhage entirely. The edges of the laceration in the pericardium were caught up with forceps, the pericardial sac washed with normal salt solution and with the finger inserted into the pericardium we removed clots which had formed there. The heart, beating against the fingers as it contracted and dilated in what seemed an uninterrupted and unaffected action, was a sensation I had never experienced before.

Flushing the sac thoroughly, we left some solution inside to bathe the heart, and the pericardial sac was then sutured with a continuous silk suture, so that there was no leakage. Replacing the skin flaps, and suturing with silk worm gut, a gauze drainage was inserted and moist bichloride dressings were used to cover the wound. Over this was placed a pad of absorbent cotton and the binder applied.

During the operation, which lasted about fifty minutes, the patient was receiving normal salt solution in both thighs. As the laceration in the heart was closed, a perceptible change in the radial pulse was noticed, which became fuller and fuller. The patient was placed in bed and surrounded with

blankets and hot-water bottles. We again used the salt solution in the thighs, and in less than thirty minutes after the operation the patient was fully out of the anesthetic. The pulse at this time was fairly strong and regular, and registered 90. There was no nausea from the ether, and the subject, replying to questions, said he was feeling fine. He was removed the same evening to the County Hospital, a mile away. Arriving at the hospital, his pulse was 110, respiration 28, temperature 99. The highest pulse rate was 140, respiration 49, temperature 103; the average pulse rate was 120, respiration 32, temperature 102.

The patient had absolute quiet and rest and was attended by a private surgical nurse, Henry Prigge, all the while. Took nourishment well, bowels in splendid condition and patient was conscious up to time of death, which occurred August 4th, 9 a.m., seven days after the operation. The patient was not allowed the slightest exertion, and was even prohibited from talking. So careful were we about exertion, that the binder was not even changed. The patient seemed to be in good spirits all the time and thoroughly believed he was going to recover, and ten minutes before death the patient appeared as well as at any time after the operation. He complained of little pain, except in the region of the heart, the last two days of life. The skin sutures were removed on the sixth day and the skin incisions had healed perfectly by first intention. An autopsy was held on the day of death by Autopsy Surgeon Geo. W. Campbell. The skin wound had healed perfectly; the laceration in the pericardial sac was perfectly healed and no leakage. Also the heart wound itself was perfectly healed and solid, not the slightest oozing. The sac still contained an apparently healthy fluid, but with adhesions from the sac to the heart. The posterior surface of

the heart and left ventricle was covered by plastic inflammatory exudation. On opening the right ventricle the endocardium seemed to be perfectly healthy and the entrance of the knife into the cavity was located by a crop of new,

healthy granulation tissue. Cause of death, pericarditis.

Great credit is due Dr. E. T. Dillon, Dr. Joseph Tanner, Dr. Charles Bonyngue and Dr. Charles Yerxa for their able assistance.

CALIFORNIA'S STATE BOARD OF MEDICAL EXAMINERS.

BY JOHN C. KING, M.D., BANNING, PRESIDENT SOUTHERN CALIFORNIA MEDICAL ASSOCIATION; MEMBER STATE BOARD MEDICAL EXAMINERS.

California's State Board of Medical Examiners consists of two eclectics, two homœopaths and five regulars, elected by their respective State societies. The opponents of our medical law have held that an election of a State officer could not, under the Constitution, be delegated, by the Legislaturé, to a society consisting of a favored class of citizens. The Supreme Court, however, has recently upheld the constitutionality of the law in every particular. The new board met and organized on August 1 an eclectic. Dr. Perce of Long Beach was made president. Dr. Perce is a large, affable, good-natured man, who does an excellent business. He is one of those self-made, practical fellows, not overburdened with collegiate culture. While his grammar is not irreproachable, his heart is in the right spot. His examination papers were practical and his markings generous. If I were a candidate I would like the whole world to consist of Percés. His colleague, Dr. Mitchel, Professor of Practice in the Eclectic College of San Francisco, is a handsome man, clad in Prince Albert, very quiet, difficult to "size up." His questions on obstetrics were good. In marking he seemed disposed to give the candidate the benefit of any doubt. Dr. Tisdale, dean of the Homœopathic College of San Francisco, was elected secretary. This officer is not allowed to participate in examining. The office is burdensome and involves a large amount of labor. Dr.

Tisdale is terribly energetic; does everything with a "rustle;" is said to put through a sinfully immense amount of work—will break down some day. Both the so-called sectarian schools are represented on the board by medical teachers. Our own school has ruled, so far, that professors in medical colleges must not be State examiners. Dr. Buell of Los Angeles, the other homœopathic member, is a keen, clean, well-built gentleman; iron gray all over from hair to trousers. Buell ranks high as a surgeon. He is a man one is proud to call "doctor" regardless of school. Let us hope that some time all such men will be regulars and that all regulars will know what homœopathy really means. Dr. Buell conducted the examination in surgery. Dr. Cothran of San José is a new member. Tall, straight, dignified, with clean-cut features; a graduate of a California college; apparently a good representative of modern medicine. He did his work well and conscientiously. Dr. Lockwood of Pasadena is an alternate, but acted in place of Reinhart of Berkeley, who is in Europe. You all know Lockwood and all who know him love him. From surgery to chemistry he is an all-round, well-qualified man. His questions on chemistry were models. None of them merely technical; all of them essential—genuine medical chemistry. Dr. Thorne of San Francisco is an old member. I am told he is respected by the united profession of that wicked city. The

statement is no small compliment, because, so far as I could observe, the profession there is united in nothing else. Thorne is past middle age, an influential member, very just, I think, yet disposed to be very generous toward "old practitioners." And then Dudley Tait. It is said Tait is a Frenchman. At any rate, he looks it; neat, natty, impetuous, dictatorial, yet polite. For years Tait has led the fight for the medical laws. In the societies, in the police court, before the Legislature, on the board, above all things Tait has been a fighter. Not always tactful, disposed to be a trifle inconsiderate of others, yet always on top. The profession, not only of this State, but of America, is indebted to Dr. Tait. It so happens that fighters will tread on peoples' toes and I opine that many sore digits would find relief if planted firmly in the slack of Tait's trousers. The doctor has been accused of rank fraud, of discriminating in favor of, or against, certain individuals, colleges and systems of medicine. I went to the meeting prejudiced against the fellow and watched him closely. I liked him. In my judgment he was "square" and impartial. Personally I would not hesitate to appear before Dr. Tait for examination, granting, of course, that I know a great deal more than I do. Of 103 papers on pathology, he actually gave eleven a passing grade of 75 per cent. or over. It may be these eleven passed inadvertently, as it were, "owing to press of other business" which occupied his mind. Nevertheless, I believe any man can pass him who knows all that can be known about the subject at issue. The remaining member of the board, from Riverside county, conducted himself with the retiring modesty befitting a novice from the rural districts.

The law provides that every candidate for examination must possess a diploma from a recognized medical college, and that, in addition, he must have complied

with the conditions required by the association of American medical colleges *on the date of his graduation*. Since 1894 the above conditions have required that a graduate in medicine must have attended one course, at a medical college, of not less than six months' duration, in each of four separate calendar years, and that his college must have required from him certain preliminary education. The Supreme Court has specifically upheld this provision of the law. The Board of Examiners has a Committee on Credentials, which investigates the history of each applicant. This committee does its work very thoroughly. It requires written evidence covering each year of the candidate's medical course. It communicates by letter or by wire (when necessary) with the dean of the college of graduation, if in this country or Canada, and with foreign institutions through some one of the American consuls. At our first meeting seven gentlemen were refused admittance to the examination because of defective credentials. Certain of them had crowded three courses into two calendar years by going from one college to another—perhaps by taking a summer course. In other cases the college of graduation had admitted them to advanced standing upon insufficient grounds—or the college of entrance had neglected to demand a diploma from a high school or its equivalent. So far as I could determine, all of these gentlemen had acted in good faith. In most instances their respective colleges were to blame. Competition had made them lax in fulfilling the requirements of their own announcements. For most of the seven the action of the board (which the law made mandatory, not optional,) meant another six months' course. The seven represented a number of different colleges. In addition, the whole graduating class of Hahnemann College of San Francisco was refused admission to the examination. Formerly the an-

nual course of that college began in August, I think. In order to harmonize with other colleges the date was changed to October. In making the change, it happened that three weeks' loss of time occurred in that calendar year, consequently the graduating class was three weeks short in one year. The fact of three weeks' overtime in another calendar year did not, of course, cut any figure. The college authorities are hearty supporters of the law, so when the situation was called to their attention they withdrew the whole class and arranged for an extra course to cover the deficiency, at the close of which they will issue new diplomas. The board agreed to call an especial meeting in October, to the end that graduates from Hahnemann might not be further delayed. This complication might have worked untold harm, might have brought the law into disrepute among the influential body of homœopathic adherents. The wise and kindly action of Hahnemann has, on the other hand, established a precedent that intrenches the law more firmly than ever.

Next day, Tuesday, examinations began and continued three days. Imagine a large courtroom, in City Hall, filled with long tables; blotters, writing tablets, pens, ink and chairs for 103 men and women. Sharp on the hour the examiner produces his questions, fresh from the printer; not even another member of the board has been allowed to see a copy until this moment. Unsealed envelopes are distributed, each containing a slip of paper, upon which has been written a number. Each candidate receives an envelope, writes his name on the slip within, seals the envelope and inscribes upon its back the number of the slip which, henceforth, becomes his number. Envelopes are collected, but remain unopened until after every paper has been marked. Questions are distributed and work begins. As each candidate completes his

answers, he folds his paper, marks his number upon its back, hands it to the examiner and passes out. During examination no one may leave the room unless accompanied by an examiner. No one is permitted to speak, except to an examiner. No smoking allowed. The board employed two detectives, or watchers, to prevent cribbing. My turn came the first day. One or two men completed their papers in forty minutes; others worked for two hours and a half. I devoted one day and the major part of two nights to marking. This function I found to be a contest between conscience and generosity. Most of my papers were good, a few were excellent. On the other hand, many were inferior. My topic was "Materia Medica." One question involved the dose of certain opiates for a *child one year old*. The replies varied from a wise nothing to a free ticket for heaven, i. e., one-eighth grain morphia sulph. gtt xv tr. opii, etc. The various methods propounded for manufacturing the anti-toxin of diphtheria would have revolutionized a modern laboratory. In the finale I succeeded in passing all but eighteen. I have never believed that a written examination is a fair test of every man's ability. Yet it is in accordance with the spirit of our age and no other method of determining competency seems practicable. Some men find great difficulty in expressing themselves in writing, while others suffer from various perturbing influences. For instance, one man's wife was passing through a difficult labor during his examination. His success meant much to both, but he failed, and, from my standpoint, probably failed to do himself justice. On Friday occurred the final meeting. Upon a large tally sheet were 103 members, each at the head of a column containing space for percentage in each branch, the total average and the name. After the general averages had been determined the envelopes were

opened and the names were attached to their respective numbers on the tally sheet. The law requires a general average of 75 per cent. in order to pass. At almost every meeting it occurs that certain candidates attain within a mere fraction of the passing grade, say, $74\frac{1}{4}$ or $74\frac{3}{4}$. All markings, except those upon strictly mathematical propositions, are arbitrary. A variation of a fraction of 1 per cent. may result quite as readily from an error of judgment or from carelessness on the part of the examiner as from lack of knowledge on the part of the candidate. In view of these facts, the board resolved to raise to the passing grade of 75 per cent. all those papers which had failed by a margin of less than 1 per cent.

From the opening hour of the initial meeting until the closing moment of the final session the able attorney of the board was constantly present to pass upon the legality of each resolution adopted. Then came the annual debate upon the "old practitioner." Many hold that the competency of a physician long in practice should be decided upon grounds somewhat different from those upon which his younger colleague's ability is determined; that it is not fair to expect a man years out of college to be "up" in anatomy, chemistry, bacteriology, etc., as compared with the recent graduate; that years of practical work more than make up for loss of technical information. They claim the law does not require uniformity of test for all candidates, but simply demands that the board shall be convinced of the fitness of the applicant to practice medicine; that such fitness may be determined by other methods than written examination, i. e., by knowledge of a man's high standing in the profession, of his career as a successful practitioner; that the mere fact of years of practice should be deemed equivalent to a certain per cent. of the general average. They claim that in view of these facts when

old practitioners have failed by only 5 or 10 per cent., especially if such failure has been along technical lines, their general average should, by a vote of the board, be raised to the passing grade. To illustrate: One man who failed at Los Angeles was a graduate of a foremost college, had spent a post-graduate year in Europe, had passed the medical examination of the United States army, had been connected with medical educational work for some years, had conducted a successful city practice for eight years, had obtained unusually good mark in bacteriology, obstetrics, surgery, practice, etc., but only received a trifle over 60 in materia medica and fell down utterly in chemistry—46 per cent. The joke of it was that he had taught chemistry for four years. He applied for re-examination in materia medica and chemistry without waiting for the legal six months' interum. Was it fair to grant his request? Would you have done so? On the other hand, it is argued that if an accurate knowledge of anatomy, chemistry and bacteriology is unessential, it should not be demanded of any—old or young. If it is essential, the old practitioner who has forgotten or never knew it should get off the earth. That mere length of time spent in practice amounts to nothing because a man who, when he began, might have failed to pass our examination, simply gets into a rut and retrogrades instead of advances. That while it may be "nice" to show partiality to the "old practitioner," yet the law does not recognize him as belonging to a distinct class. We pretend to be eager to enforce the law, yet wish to violate the absolute impartiality it inculcates. We imagine the old fellows should be favored; therefore proceed to show them favor regardless of whether the law contemplates such a course. In so acting we are likely to bring both the board and the law into public con-

demnation. Further, that on the principle that "what is sauce for the goose is sauce for the gander," the board should grant to all "a fair field without favor and de'il take the hindmost." Well, a motion was made to raise the general average of three or four old practitioners. The motion finally came to a vote. How would you have voted?

The last business was to order paid the transportation of non-resident members and their hotel expenses, at the rate of \$4 per day for four days and \$10 per diem, also for four days. Inasmuch as some members lost seven full days' time in attending, and traveling to and from the meeting, the above sums cannot be considered extravagant.

The final result showed that of 103 examined, 67 passed, 26 failed and 10 were conditioned; that is, 10 who received a general average of 75 per cent or over, fell below 60 per cent. in one or more branches and must be re-examined in those branches before receiving a certificate. I found it a pleasure to be a member of the board; to meet fellow-members, to observe the working of our more than excellent law and, particularly, a pleasure to know positively that, regardless of difference of "school" and of opinion as to methods, etc., the spirit of the board was one of absolute fairness and perfect harmony.

Banning, Aug. 20, 1904.

ECTOPIC GESTATION—REPORT OF A CASE.*

BY TITIAN COFFEY, M.D., LOS ANGELES, INSTRUCTOR IN OBSTETRICS, MEDICAL COLLEGE, UNIVERSITY OF SOUTHERN CALIFORNIA.

It is not my intention to weary you with a prolonged discussion of the etiology, varieties and diagnosis of this interesting condition, but to briefly recall to your minds the most important features and report a case which occurred recently in the dispensary practice of the College of Medicine of the University of Southern California.

By ectopic gestation we mean, broadly, all cases of pregnancy developing outside of the uterus and going to either complete or incomplete term in contrary distinction to those cases designated "Extra uterine pregnancies, in which the fertilized ovum is arrested at some point between the ovary and uterus, and there undergoes more or less complete development."—(Williams.)

The etiology of this condition is obscure. Various theories have been advanced, of which some may be mentioned:

1. Conditions interfering mechanically with the downward passage of the

ovum, as tumors in the wall of the uterus or adjacent organ, endosalpingitis, with destruction of the cilia; presence of diverticula or accessory lumina, as demonstrated by Landau, Rheinstein and Williams.

2. Inflammatory conditions of the tubes, ovaries and pelvic peritoneum.

3. Conditions which favor decidual formation in the tubes.—(Williams.)

Probably the most interesting and recent explanations are offered by Webster and Williams, both of which seem plausible, but demand further investigation and support.

Webster holds such a condition can only rise when there are the remains of the Mullerian tissue. In other words, it occurs only in "tissues capable of undergoing the decidual reaction which readily occurs in the uterus, but less so in the tubes."

Williams, on the other hand, after demonstrating the presence of diverticula from the tube, "suggested that a

*Read before the Los Angeles County Medical Association, June 7, 1904.

fertilized ovum entering such a structure would eventually be arrested at its blind end, and there might undergo further development."

He now holds "that these conditions can be more satisfactorily explained by supposing that the fertilized ovum had burrowed beneath the mucosa of the tube, just as it does in the decidua in uterine pregnancy."

This, however, is only a supposition and leaves unexplained the dependent cause of such phenomena.

The varieties of this condition are classified in various ways, dependent upon the site of development, as:

1. Ovarian; 2, Tubal; 3, Abdominal.

Ovarian is rare. Williams states that in the past 100 years, only six cases have been reported in England.

The tubal is subdivided into interstitial, isthmic and ampullar, depending upon location.

The abdominal is now reported as a secondary condition, depending upon a previously tubal pregnancy rupturing and allowing the contents of the sac to escape and develop in the peritoneal cavity.

The tubal variety is, therefore, seen to be the most common and is the one under which my case falls.

The usual termination of this condition is rupture—unless operative procedures have been undertaken before this occurs.

The rupture usually takes place at the placental site, due to a thinning of the tissues by the rapid growth of the villi, or a sudden over-distention from hemorrhage.

Rupture usually occurs from the 8th to the 12th week and may be into the abdominal cavity direct, or in the broad ligament followed by a secondary rupture into the peritoneal cavity.

Such an event is accompanied by more or less concealed hemorrhage, which, if severe, causes shock and a usually fatal termination, unless opera-

tive procedures are immediately instituted.

A less dangerous termination is the formation of a hematocele, which may or may not be gradually absorbed, or other obliterative processes, which time forbids me to mention. This, however, we are not justified in depending upon.

Whether or not the foetus lives, depends upon the amount of damage done the placenta at the time of the accident.

A diagnosis of this condition is usually difficult, and I think accounts usually for the high mortality.

Such cases in which there is the slightest suspicion of ectopic gestation, should be under the closest observation, and as soon as the diagnosis is made laparotomy should be performed.

Unfortunately, these cases usually consider themselves normally pregnant, and the physician sees them only after rupture has taken place, and their lives are in danger.

So much for the brief résumé of this condition.

The case I wish to report, as already stated, occurred in my dispensary practice in connection with the College of Medicine of this city.

The following is the history:

Mrs. J. O. A., colored, age 34, para IX. One miscarriage at six months, following an attack of measles; no twin pregnancies and no complicated labors.

Her periods were regular—she suffered no pain, usually flowing three or four days. No leucorrhœa, and no history venereal disease.

Her last period was June 10th, 1903. On August 12th she was taken with a severe bearing-down pain, which was dull and aching, in the pelvis, followed the next day by a flow of blood, which she says lasted about three minutes and was profuse. She thinks she must have lost a pint at this time; says she passed fully two handfuls of clots.

This dull, aching pain continued with more or less severity and constancy

until September 17th, when she went to the County Hospital for examination and to discover if she were still pregnant. She was under observation three days and considered pregnant.

She returned to her home, and on September 19th first felt life. As the baby grew, the pain increased in severity, but never at any time was it sharp or cutting.

She gave a history of indigestion with obstinate constipation and considerable formation of gas. The pain was usually relieved after free evacuation of the bowels. Pain entirely ceased after the death of the baby.

I first saw the case in December, exact date I have forgotten, and at that time was suspicious of an extra uterine pregnancy. The baby lay on the left sacro anterior; was quite freely movable in the abdominal cavity, and what made me suspicious was the fact that it seemed directly under the abdominal walls. No internal examination was made at this time.

She was rather difficult to examine on account of the distention of the bowels by gas.

Her expected date of confinement was March 17, 1904. She lived on the extreme outskirts of the city, which fact made it difficult for me to see her frequently.

Dr. Lazard saw the case in consultation with me, and we came to the conclusion that while it might be ectopic gestation, it was also possible that the physical findings were accounted for by thin uterine and abdominal walls.

A month before her expected date of confinement, the husband reported to me that she had ceased to feel life.

The pain had ceased at this time, and, in fact, had troubled her little after measures had been instituted to relieve the indigestion and constipation.

Under the circumstances, I decided to let the case go to term before inducing labor.

On March 29th, with Dr. Lazard and Students Brown and Blaney, we attempted to induce labor. Dilation with Bossi dilator was ineffectual in producing pains, as was the Carl Braun colpeurynter, introduced beyond the internal os.

The patient was deeply anesthetized for the purpose of perfecting physical examination. We discovered about two fingers dilation, but were unable to bring the presenting breech into the pelvis by Mueller's movement. A Kristellar, however, brought the tumor well down on the examining fingers, but would not engage the presenting part.

Manipulations with the external hand over the abdomen discovered the uterus lying low down to the left of the foetal body, just rising above the brim of the pelvis and about the size of an orange.

My findings were immediately confirmed by Dr. Lazard, and within two hours the case was sent to the County Hospital. At half-past 8 o'clock that evening Dr. Wills, assisted by Dr. Lazard and myself, performed a laparotomy.

Upon opening the abdomen the foetus was found lying among the intestines in the left sacro anterior position, and was easily delivered.

The uterus was found in the same position as previously described, pushed well to the left and just at the brim of the pelvis, and running from it in an upward and outward direction, pointing toward the last right rib, was the enormously hypertrophied broad ligament, lying on top of which was the remains of the right tube, a fibrous band about three-quarters of an inch in breadth.

This red, thickened mass extended three-quarters of the way from the right anterior superior spine to the umbilicus.

It was, of course, impossible to make any attempt toward the removal of the placenta, so the latter was packed off with five long trailers of gauze and the abdominal wound partially closed.

The patient stood the operation very

well, there being no loss of blood, therefore no shock.

The foetus was found to be in size corresponding to eight months.

The skin was slightly macerated and an interesting phenomenon was observed. The membranes were intact on the head and fitted over the scalp at the hair line like a cap. This is of interest, because many claim that an abdominal pregnancy cannot go to nearly or full term if the amniotic sac be ruptured.

This, however, evidently ruptured early, certain portions being pushed up by the developing head, fitting it like a cap. This was the only evidence of membrane to be found.

Five days later, April 2nd, the gauze was all removed and the cavity about the placenta repacked. Adhesions had rapidly formed, leaving the placenta mass attached to its maternal surface, and entirely walled from the abdominal cavity on the foetal side.

On account of the presence of this now dangerous mass, she was running a temperature of between 102-103. Pulse ranging from 100 to 120.

On the 14th of April she was again anesthetized and an attempt made to remove the placenta. The gauze packing was all out at this time, but the placenta was still attached to the broad ligament on the latter's under surface, and the adhesions were such that a tremendous hemorrhage took place, the moment the finger was introduced between the ligament and the placenta for the purpose of separating the latter. She was hurriedly packed and gotten back to bed.

The case dragged along with the gradual diminution in the site of the placental area, and we were able from time to time to dissect away parts of the black mass, which was still visible in the contracted abdominal wound.

On April 18th at half-past 4 o'clock in the morning, she was observed by the nurse to be fairly wallowing in blood.

Her dressings were soaked through and a pool lay about her hips. Dr. Jenkins, the interne under whose services she was, was immediately called, and with difficulty controlled the hemorrhage by packing. The bleeding seemed to come from behind the placental mass very deep down.

On the 21st, about the same time, she had another severe hemorrhage, which again seemed to come from the same place, and was controlled by repacking.

The next morning I endeavored to make an incision through the thickened remains of the right broad ligament, hoping thereby it might retract at the sides and thus shell the placenta out, as it were, or at least allow us to work on the maternal surface, which corresponds to its anterior surface looking up, rather than from the posterior or foetal surface.

During the course of my dissection, I found the ligament to be about three-quarters of an inch in thickness, exceedingly dense, cutting almost like scar tissue.

I encountered an immense vein, the lumen of an ordinary lead pencil, about the middle of my dissection. This was ligated, and fearful that I might get into trouble from hemorrhage, as the patient was somewhat exhausted by the manipulations, I desisted from further work for the day.

On the 23rd, owing to her condition, temperature constantly about 103, pulse running from 120 up to 130, and from the lack of appearance of hemorrhage, I determined to go after the placenta without more ado.

By means of scissors, curette and irrigator, after one hour and twenty minutes' work, I managed to extract the gangrenous mass from its situation, without hemorrhage.

This case was evidently a tubal pregnancy, the rupture having taken place into the abdominal cavity on August 12th, when she had first felt pain and

had a hemorrhage. The placenta site was not interfered with and the embryo was passed into the abdominal cavity, where it continued to develop among the intestines.

The placental development continued, and at the time of the operation proved by the findings at the time of its removal, extended from the pelvic floor on the right side up and under the hypertrophied right broad ligament into the right flank and formed a cul-de-sac under the right lobe of the liver.

The uterine dressing forceps was carried into the cavity and its length with a one-third more constituted the length of the placental site. Within twenty-four hours her temperature and pulse rate fell and since that time she has recovered without any interruptions. The entire cavity has closed off until now it is only one-half an inch in depth, allowing the introduction of a little finger, and is in the center of an elliptical

wound about three inches in length, which is the remains of the original abdominal incision. The walls of this cavity and the edges of the wound are very thin, and are the remains of the adhesions formed by the original packing. That they are extremely thin is shown by an attempt to dissect free the skin edge a few days ago when the abdominal cavity was entered at one point. The curette over the surfaces gives a tympanitic note.

The case will probably be dismissed from the hospital within the next few weeks, at which time vaginal examination will be made for the determination of the situation of the uterus.

Secondary operation will probably have to be done for the strengthening of the abdominal walls.

Patient is now in exceedingly good condition having gained materially in weight.

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CHOREA.*

BY S. F. DAVIS, M.D., POMONA, CALIFORNIA.

In the early history of medicine, we find many different disease conditions included under the name chorea. At the present time it is generally understood to mean acute chorea, or Sydenham's chorea, so named because he was the first to differentiate between this and epilepsy.

Could defines chorea as a functional nervous disease, usually occurring in youth, characterized by spasmodic and convulsive contractions and non-rhythmic action of the muscles of the extremities and face, and, I might add, without loss of consciousness and affecting the muscles of volition.

Synonyms: St. Vitus's dance, St. John's dance, St. Anthony's dance, named after the shrines visited by choreic patients for relief; chorea minor, mild

chorea, Sydenham's chorea, or acute chorea, and insanity of the muscles.

Etiology: The cause of chorea is still somewhat obscure. It may be brought about by other diseases, especially exanthemata, acute febrile conditions; shock, fright, grief, mental worry. It may follow an injury or a surgical operation. Adenoids and ocular defects may cause it. Endocarditis has been claimed as a cause, the fibrin from the valves causing emboli to lodge in the brain, but the vast majority of investigators now say that endocarditis is a result rather than a cause. Heredity has less significance than was once supposed. Pregnancy is placed under causes, but it occurs chiefly among young, nervous primipara, who have a history of previous attacks during child-

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hood. It most frequently sets in during the third, fourth or fifth months.

Could chorea be but a variation of puerperal eclampsia, the pathology of which, Jewett says, is more than obscure?

Chorea during pregnancy may assume a maniacal type. Nearly all agree as to the causal relation between acute rheumatism and chorea. The English and French writers maintain a closeness of this connection, while the German authors think the relation not very close.

Haig, of London, declares that chorea is one of the direct results of a colloid uric acid in the blood.

Tyson, of the University of Pennsylvania, says that acute exanthemata, developing during the course of chorea, usually checks it, but does not say how such a result is brought about.

Haig explains it by saying that all acute febrile conditions lower the alkalinity of the blood and clears it of colloid uric acid. He also points out a close relation between uric-acidemia and chorea. If this be true, we should, in the treatment of chorea, aim at keeping the blood as free as possible of uric acid.

Stengel, of the University of Pennsylvania, in his work on pathology, says: "The attempt to establish a relationship between certain disorders and an increased production of uric acid, has not yet proved satisfactory." Then he immediately makes the statement that gout is in some way dependent upon and associated with an abnormal formation of uric acid. In using the term uric acid, I speak of it in its broadest sense, including biurates, quadriurates, alloxuric bases, or the purin group, such as adenin, guanin, xanthin, hypoxanthin.

In looking over the literature of this subject, I find a list of causes entirely too long for a brief paper like this, and will conclude the etiology of chorea by saying that improper diet, sedentary habits, lack of oxygen and defective

metabolism combine to *load up* the tissues with uric acid; awaiting proper internal and external conditions to produce repeated attacks of collemia or uricacidemia. These repeated attacks soon produce functional nervous disorders, of which chorea is one. Again, might not chorea be but a variation of migraine, acute rheumatism, gout, or hay fever? The uric-acid collemia and its circulatory disturbances, producing more serious and lasting effects, on the more unstable nerve centers of the child.

In comparing chorea with uricacidemia, we see numerous connections, such as irritability, gastric upset, debility, dullness, inability to mental activity, periodical headaches, numbness, tingling and pricking sensations, muscular weakness, melancholia, aggravations during menses, worse during springtime and hot weather; aggravated during the diurnal wave of alkalinity of the blood from 4 to 7 a.m.; worse from fatigue; worse from heroic doses of alkalies and salicylates in hot weather.

Age: Chorea occurs more frequently in childhood, especially between second dentition and fifteen years of age. It is rare in infancy, and may occur in old age. It seldom ever occurs among negroes and native Indians.

Sex: Fifty to 75 per. cent. of the cases occur among females. After puberty the percentage in females increases. A weaker heart action in the female is said to be the cause of this frequency, while others say it is due to a greater number of high-strung, excitable, nervous persons among the weaker sex. I believe the cause can be ascribed to the lack of oxygen, thereby hindering nuclein katabolism or destructive metabolism.

Choreic patients are generally poor breathers, with narrow chests and possibly some form of nasopharyngeal obstruction, and right here is an opportune place to mention the ill effects of

our public school systems of ventilation.

School children often come to us with subjective symptoms corresponding to an attack of collemia, or uricacidemia, which, if not understood and corrected, very likely will lead up to and establish a lithic acid-diathesis, resulting in some neurotic conditions.

Pathology: No special morbid anatomy has as yet been demonstrated. What lesions have been found are the result of complications.

Osler found endocarditis in 85 per cent. of his cases; pericarditis in 26 per cent., and combined heart lesions in 90 per cent.; and he makes the statement that "there is no disease in which endocarditis is so constantly found, post-mortem, as in chorea.

The embolic theory has few supporters. It is based upon the presence of foci of embolic softening, found in connection with endocarditis, but is not constant.

Pianese, of Naples, claims to have isolated a bacillus, which he thinks is the true cause of chorea; but the general negative results of bacteriologists seem to demand that the disease be regarded a neurosis.

Ewing, in his clinical pathology of the blood, says: "The bacteriological examinations of the blood, of choreic patients, has thus far been negative." He also says the leukocytes in uncomplicated cases, are found normal in number.

Cabot refers to twelve cases, showing no abnormality, except in a greater number of eosinophilli. There is some impoverishment of the blood which is in proportion to the degree of anemia.

Taylor, of Philadelphia, says the urine is loaded with uric acid, indicating a profound disturbance of nutrition.

Symptomatology: I have seen several cases in which the symptoms developed so slowly that the parents were unaware of the fact that their child had

chorea; thinking their child was only a little nervous or getting a bad temper.

In three cases I diagnosed the disease, by accidentally discovering heart murmurs; no other symptoms of chorea noticeable at that time.

Osler recognizes three groups of cases: mild, severe and maniacal. In the mild form, the general health is not much impaired; the muscular movements slight, and speech not much affected; but there is no line of demarcation between these groups. At first the child is simply out of sorts, tires easily, the disposition is changed; there are outbursts of temper upon slight provocation; fever is absent unless complications arise; there may be anemia, headache, irritable and rapid heart, but not often irregular. Pain about the heart is seldom complained of. One author asserts that the heart murmurs are due to choreic spasms of the muscles of that organ; but all other writers agree that choreic spasms do not involve the muscles of organic life. Cardiac murmurs may occur at any time of the disease. These sounds are systolic, soft and blowing in quality. There may be no abnormal heart sounds, and still show valvular lesions at post-mortem. The mitral regurgitant murmurs are commonest; aortic disease rare. The tendon reflexes are unaltered, except in severe and complicated cases.

In the severe form, the muscular jerking incapacitates the patient, and speech is unintelligible; the psychic symptoms are more pronounced. Such a condition may occur primarily, but more often after one or more mild attacks, cutaneous affections are not uncommon. The gravest form is the maniacal group. The speech is much affected, there is constant jerking, insomnia, fever and delirium, which usually terminates in a typhoid condition and death. The danger signals are rapid emaciation, delirium and rise of temperature.

The course of chorea is stated to be from six to twelve weeks, but may last much longer. It is recurrent in many cases; while the primary attack may come at any season of the year, the recurrent attacks nearly always come in springtime.

The prognosis is generally favorable, but good authority says the mortality is much higher than is generally supposed.

Oppenheim says the mortality in childhood is about 5 per cent. and during pregnancy 25 per cent. If chorea develops late in life the probability is that it will become permanent. The cause of death is generally from heart complications.

Diagnosis: Typical cases are readily diagnosed. The differential points between acute chorea and some of the anomalous varieties of chorea are as follows:

Hereditary ataxic paraplegia or Friedrich's ataxia might be mistaken for chorea, but for the lost knee jerks, slowness of muscular movements, talipes, nystagmus, swaying gait, scanning speech, and family distribution, which characterize this invariably fatal disease.

Huntington's chorea, or chronic hereditary chorea, is *always* hereditary, and is limited to adult life. The muscular movements are slower, and lack the co-ordination of Sydenham's chorea and involves whole groups of muscles. Prognosis is always bad and the disease terminates in dementia and death.

Endemic chorea is more of a hysterical condition, breaking out among school children. Suggestion plays an important part in causation.

Hysterical chorea: This is not a chorea proper, and is differentiated by the rhythmical character of the movements.

Electrical chorea is characterized by lightning-like movements.

Saltatory chorea has the dancing and

jumping motions, especially when suddenly started.

Oscillatory chorea has the nodding spasms.

Generaltic, or habit chorea: This is a psychical condition, characterized by curious movements and grimaces. The patient becomes melancholic and insane. Post-hemiplegic chorea is a form of arrhythmical, jerky movements seen in hemiplegic limbs, the result of cerebral disease. The movements are most marked in the fingers and toes.

There are so many of these irregular forms of chorea that I will not attempt to give them all, but have selected those most uniformly agreed upon.

Cerebral sclerosis has been mistaken for chorea. Some of the characteristics of this fatal disease are impaired intelligence, increased reflexes, while in chorea the reflexes are normal. The recumbent position ameliorates the muscular movements.

Hysteria may resemble chorea more nearly than any other disease.

Oppenheim says: "We find one characteristic of hysteria always present which serves to distinguish it; that is its dependence upon and its reaction to psychic influences. Paralysis agitans is a disease of adult life, but may happen at any age; there is weakness and tremor rather than spasmodic contractions and a tendency to lean forward."

Da Costa says: "We meet with cases nearly affiliated to chorea; like it, too, originating in fright, but the movements are not as irregular as in chorea."

Treatment: One of the very essential requirements, in the management of chorea, is perfect freedom from excitement, emotion, and fatigue. Perfect isolation from playmates, sisters and brothers, and none but mother or nurse should associate with the patient. Parents should be cautioned about using any harsh or unkind language to the child.

Diet: Believing this disease to be the

result of collemia, or uricemia, through defective metabolism, I would interdict such foodstuffs as red meats, eggs, beans, peas, tea, coffee, cocoa, strawberries and oranges. An excess of native proteid leads to increased excretion of the end-product of its metabolism—urea. Knowing this to be the case, we should insist upon our choreic patients adhering strictly to the so-called "uric acid free diet."

Milk is the ideal diet for these cases, and should be given five times a day when no other food is given. A patient generally tires of an exclusive milk diet and may be allowed an occasional meal made up of such as bread and butter, cream on toast, cheese, apples, prunes, bananas, fig jam, cereals, nuts and vegetables.

Drinks: I would not advise *water* in excess of *normal* thirst, as diuresis is inversely proportionate to the excretion of uric acid by the kidneys. The alkali mineral waters, if used properly, will benefit those cases in which the uric acid diathesis is a causative factor. They should be given in moderate doses and alone. If pushed to saturation, they will flood the blood with colloid uric acid and, clogging the capillaries, raise blood pressure and embarrass and endanger the heart. The urine becomes scant and loaded with uric acid. If your patient could withstand this condition long enough and the exogenous source of uric acid was cut off, the system would in time get rid of the excess of quadrinrates; then diuresis would occur, but not until uric acid runs short.

Von Noorden, on saline therapy, says: "Alkali mineral waters do not increase proteid metabolism, but do favor excretion of uric acid. As the alkaline treatment keeps the blood loaded with quadrinrates, we should not interfere with its action by introducing other drugs, especially those known to lower the alkalinity of the blood, as a sudden precipitation of uric acid might cause an acute

rheumatic arthritis, or an endocarditis.

Arsenic: The routinist will probably begin his cases with some form of this drug, and will succeed in relieving the muscular jerking in most of his choreic patients.

Haig claims that arsenic relieves chorea by freeing the blood of uric acid, but in doing so it is liable to set up an endocarditis. We know that arsenic in full medicinal doses continued for some time will cause an irritable and feeble heart, a condition favoring endocarditis. I have found it a good plan to follow up the arsenic with some form of the salicylates. Fowler's solution of arsenic is most frequently advised as the best form to use, but I have had equally as good, if not better, results from granules of ironarsenate grains, one sixty-seventh; giving one to three after meals. Tyson says arsenic and iron hold the first place in chorea.

Cimicifuga racemosa is anti-spasmodic and especially indicated in females at the age of puberty and more especially if there is a tendency to hysterical symptoms. I usually combine this drug with gelsemium, which is anti-spasmodic and is a good substitute for the bromides.

Salicylates: I believe salicylic acid, in some form, should be given in most cases. Ammonium salicylate and aspirin are good forms of this drug. Salicylates are contraindicated when there is much dyspepsia, with debility and depression, high alkalinity of the blood, free and continued perspiration, extreme hot weather with great humidity and an alkaline urine. If given under such conditions, will cause an aggravation of the already existing collemia. If under these conditions you wish to give salicylates, precede it with mercury or some other drug known to lower the alkalinity of the blood, such as iron, arsenic, ammonium, iodides, nitrites, sulphates and others. These relieve the clogged capillaries of the kidneys and increase elimination of the salicyluric

acid, providing you have not given the salicylates in overdoses. You may have to correct a bad dyspepsia before you can get results from any of these drugs, as I have previously intimated, dyspepsia raises the alkalinity of the blood.

Salicylates act best in cold weather when alkalinity is low; in combination with acids when from any cause the blood is alkaline in excess; also in acute cases with febrile action and high acidity of the urine. These rules hold good not only in the management of chorea, but in any and all conditions wherein uric acid is a causative factor.

I believe, as a rule, the salicylates are given in too large doses. This saturation treatment clogs the capillaries and kidneys with salicyluric acid and for the time being prevents full excretion of urates and will do harm by allowing uric acid to evade the kidneys and pass on to be stored up in the liver and spleen and make subsequent trouble.

Opium: Avoid this drug in all its forms in the treatment of choreic patients, although cures have been reported to have been made by it alone. In place of opiates, think of such drugs as hyoscinhydrobromate, bromide, trional and chloralamid. The coal-tar derivations are used to some extent, but may be directly responsible for heart complications.

Electricity: Improvement certainly does take place while under electrical treatment; whether it is through the law of suggestion or not, is a disputed question. It often depends upon the operator. This fact I have observed among different operators as well as in my own practice, i. e., a neurotic patient is doing nicely under electrical treatment and for obvious reasons is turned over to an assistant and improvement ceases at once. However, I believe electricity is more than a mere peg upon which to hang a suggestion.

Oxygen takes a very important place in the treatment of chorea, and if our

patients cannot afford the commercial oxygen we can impress upon them the importance of deep breathing and get it from nature's source. While uric acid is a nontoxic compound, not so with all of the purin group or alloxuric bases, such as adenin, guanin, hypoxanthin and xanthin. These leukomains require oxygen to carry on the normal process of nuclein katabolism or destructive metabolism.

In conclusion, let me impress upon you two very important indications in the management of this disease, i. e., a reduction in nuclein katabolism, and increasing the process of oxygenation. The first is accomplished by reducing leucocytosis, i. e., avoiding such drugs as quinine, pilocarpin and atropin, reducing the native proteids and interdicting nuclein containing foods, such as yolk of egg and internal organs, also to prevent overheating. The latter is obtained by furnishing the system with plenty of oxygen and some form of organic iron.

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TREPHINING OF SKULL TWELVE YEARS AFTER ACCIDENT.

BY WILL S. SMITH, M. D., PRESCOTT, ARIZ.

Patient, Mr. G.; age 40; occupation, gambler.

Twelve years ago patient was struck on left temporal region with a rock, which caused a compound fracture with depression of the inner table. He was operated soon after the injury, and the doctors removed the outer table only and left the inner table still causing pressure. The patient came to my office for consultation twelve years after the accident. He complained of having pain on left side of head, that was persistent and of a dull, aching character. The pain also affected the muscles on left side of neck, and was referred downwards to the left hand. I questioned him carefully, and found no specific trouble, and his habits were very good. He also complained of being extremely nervous, so much so that at the least noise it would cause him to jump. He expressed himself to me that he was afraid he was losing his mind. He was troubled with insomnia; the sight of food caused him to feel nauseated, and he suffered with chronic constipation. He also complained of attacks of unconsciousness, and on one occasion I saw him in one of these attacks, which resembled epilepsy. A very strange symptom was that he could turn his head to the right side without turning his body, but when he tried to turn his head to left side he would have to turn his body to the same side. He was never sick before the accident, and never had these attacks of epilepsy. I examined his urine and found it was normal and his chest the same. Owing to his being afraid of an operation, I first tried various drugs to relieve the

pain, and with no result. After convincing him that his only relief was an operation, he readily consented, and went to the Mercy Hospital for preparation. The depression corresponded internally to a point about the middle third of central-convolution, or in the sensor-motor area. I then made a horseshoe incision to the bone over the depression with the base down; then dissected the flap back, and turned the periosteum back, which gave me a clear field of the depression. I then trephined, and after going through the inner table, I removed the same. I found the dura much thickened and adherent, not only where the depression was, but bound down by bands of adhesion to fully an inch around the depression. After carefully releasing the adherent dura I then enlarged the inner opening to the external boundaries of the external table. After all the sharp points were removed, I cut off the thickened part of the dura. I then closed the wound with silkworm gut and inserted a gauze drain. In twenty-four hours the drainage was removed. The wound healed by primary union. The patient's temperature never went above normal. The most remarkable thing about the after-treatment was the action of aseptic ergot, which he received twice a day; after each hypodermic of ergot, it not only relieved the pain, but produced a quiet, refreshing sleep. The result of the operation has been most gratifying; the pain in the head has been entirely relieved; the epileptic seizures disappeared, and the patient is doing his work. I mention this not on account of the operation so much, but to show without a doubt that the depression and the adherent thickened dura were the cause of the extreme pain.

SELECTED.

EYE, EAR, NOSE AND THROAT DEPARTMENT:

CONDUCTED BY FRANK W. MILLER, M.D., LOS ANGELES.

WHEN TO AND WHEN NOT TO OPERATE ON THE MASTOID BONE.—Dr. Henry Gradle of Chicago, in the *Illinois Medical Journal* for May, has written an unusually able article under the above title.

After reviewing the reports of some hundreds of cases of intracranial complications and pyaemia of otic origin that have been reported during the last decade, Dr. Gradle draws the following conclusions:

First—That suppuration of the middle ear—both acute and chronic—involves danger to life.

Second—That even in the desperate cases thus reported great success attends mastoid operations, although many of them must extend to the cranial cavity, and, third, that properly timed surgical intervention would have prevented this serious extension of the disease.

“In at least one-third of all instances, acute mastoiditis subsides gradually after a climax of three or four days, provided there has been free drainage from the middle ear.”

Five operative indications, in the acute cases, are given as follows:

First—The least suspicion of intracranial extension, based on persistent one-sided headache or on any cerebral symptom, gives an immediate vital indication.

Second—Whenever a perforation threatens, this should be anticipated by operation, and if it has opened spontaneously through a narrow fistula, the danger of pus under tension should be obviated by better drainage. Perforation is inevitable whenever the posterior wall of the meatus of the ear begins to sag, whenever the soft tissues behind the

ear show inflammatory infiltration (not merely a pale oedema) or when infiltration begins around and beneath the tip of the mastoid.

Third—When the characteristic signs of mastoiditis, viz., pain and tenderness, continue to increase after the third day, or even increase rapidly after the second day, immediate operation is the safest course.

Fourth—When the discharge of acute otitis media with mastoid symptoms does not diminish at all in the course of about two weeks of appropriate treatment, chronicity must be expected, even though the mastoid signs diminish. Hence an operation is proper.

Fifth—If the mastoid pain and tenderness begin to diminish after two or three days of climax, the operation may be deferred. If mastoiditis follows otitis the discharge of which has ceased, the need of operation is greater than when there is still discharge from the middle ear.

In all acute cases the only operation to be considered is the opening of the mastoid. The radical operation is entirely uncalled for and improper.

In chronic disease of the middle ear and mastoid the operative indications are to be regarded from a different point of view from those in acute cases. Dr. Gradle believes in every effort being made to cure the patient before the radical operation is attempted, and lays great stress on the importance of the absence or presence of fetor in the discharge. If, however, the fetor resists all conservative efforts, he advocates extreme thoroughness in the radical operation. He decries simple opening of the antrum in these cases as not the proper procedure.

**HEMORRHAGE AFTER TONSILLO-
TOMY.**—Fortunately, hemorrhage—of any consequence—after tonsillectomy is an extremely rare condition. Only 175 cases are reported in literature, and of this number only two (1.2 per cent.) proved fatal. These hemorrhages are exceedingly alarming and the outcome is always a matter of conjecture; therefore an operator must always be on his guard and be prepared at all times to take such steps as are necessary to stop the bleeding.

Jarecky considers this question in the *Medical Record*. The causes of the bleeding are: (1) hemophilia, (2) fibroid tonsils, (3) laceration of blood vessels, (4) anomalous arteries, (5) wounding of the anterior pillars, (6) ulceration.

Control of the bleeding.—The bleeding ceases usually spontaneously in a few minutes after the operation. If it continues, it must be stopped. In every case, even if an anesthetic be required, the parts should be cleansed, and a good view obtained, separating the pillars with a bent probe. This informs us of the character of the bleeding, as to whether it is capillary, venous, or arterial, and measures can be adopted accordingly.

Locally, for mild cases, ice, a paste of tannic and gallic acids, or a saturated solution of adrenalin, may be used. The perchloride of iron makes a thick, black, unsightly mass. Internally, suprarenal extract, ergot, or gallic acid, can be employed. If the bleeding is severe in an unmanageable patient, a hypodermic of morphine often acts like a charm. If one or two vessels cause the trouble, they should be seized with forceps or *tenaculum* and twisted. If the bleeding is from the whole surface of the tonsil or a venous oozing, the Paquelin or galvano-cautery should be applied. Sometimes, direct pressure with gauze-wrapped thumbs for about half an hour will stop the mischief. With some pa-

tients, highly excitable, vomiting, bleeding, it is very difficult to do anything—but here nature helps us—for, as soon as fainting takes place, the hemorrhage ceases. So, at times, it may be good to promote syncope, having the patient sit or stand. Sometimes the remaining stump can be drawn forward and encircled by a ligature, using a transfixion needle if necessary—or passing a purse-string suture around and drawing it together.

A good method is to pass two ligatures from the posterior pillar through the anterior ones, and tying each so that the tonsil is folded on itself or else make a good recess in which to pack gauze. The tonsil hemostat is an excellent instrument by which pressure can be made over the tonsil with one part and the other at the angle of the jaw by means of a screw and then left in situ. When ligature becomes necessary the external carotid, whose branches supply the part, is the one to tie.—*Medical Standard* for June.

EYE SYMPTOMS IN ARTERIO-SCLEROSIS.—The alarming increase in the number of cases of arterio-sclerosis and sequelae justifies us in considering it from every point of view available. The high nervous tension of the modern business world is largely responsible for this increase and any aid to early recognition is of great value.

The following, from the *Medical Standard*, is to the point:

"Connell (*Canada Lancet*) says that changes in the retinal vessels as a result of arterio-sclerosis are seen with comparative infrequency, but in these cases disturbance of function is not always present, and in absence of subjective eye symptoms many cases escape observation. When vision is affected the reduction varies from slight foggiess to complete binocular blindness. The ophthalmoscopic changes are: (1) Pulsation of arteries and veins, (2) tortuos-

ity and attenuation of vessels, (3) white streaks along the margin of large vessels, (4) hemorrhages, (5) rarely, beaded appearance of smaller vessels. The joint or (3) formation of white streaks along the margin of large vessels is pathognomonic of senile arteriosclerosis. The most common form of abnormal pulsation resembles a rhythmic wave beginning at the papilla

and spreading out over the retina.

"Tortuosity and hemorrhage occur at the point where vein and artery cross. Consequent upon the alterations in the arteries and upon the hemorrhages are degenerate changes, such as fatty degeneration of nerve fibers, infiltration with round cells and separation of fibers by hyaline fibroid material, and, as a result, loss of vision."

MISCELLANEOUS DEPARTMENT.

THE DIGESTION OF FARINACEOUS FOODS IN YOUNG INFANTS.—The Berlin correspondent of the *Medical Press and Circular* writes that Heubner has recently given an address on this topic.

He said the generally accepted belief that in infants under six months of age there was no provision for the digestion of farinaceous foods was erroneous. Schiffer had found that when starch had been kept in the mouth of an infant five minutes the saliva did convert the starch into sugar. Twenty-eight experiments had been made of collecting the ptyaline secretion from the mouths of infants and testing the action outside the body, the children all being under nine days old. Of these twenty-eight experiments, twenty-seven gave positive results. In a third series of experiments an extract from the glands was made use of, extracted as quickly as possible after death. In this way it was possible to determine the function of the special glands. In a child only a day old, traces of ptyaline were found in the salivary glands; but, on the other hand, no trace of it was found in the pancreas in children of ages up to three weeks. A fourth method of investigation was by examination of the feces of children that had been fed on starch. The starch was found least in children of ten to sixteen months old, but even earlier in life a very little was found.

The experiments made justified the assumption that new-born infants, but certainly children of some weeks old, secreted material capable of converting certain quantities of starchy food. The reluctance to give starchy food to infants lay rather in the daily experience than in physiological data. Practical experiments, however, were in favor of the digestibility of starch in early life, for, if Jacobi recommended a mixture of one part of milk and five of barley meal, his experiments must have taught him that the mixture was digestible. As there was a doubt on the point, he thought it should be decided by investigations. He had carried out these in conjunction with Dr. Kastens, of Leipsic. After an interval of several hours after the last time of feeding with milk, starchy food was given to children, and in exactly the same intervals as the milk food. The starch period extended over two days. The feces were carefully collected and dried, and the sugar constituents determined by reduction with copper, and thus the quantity of undigested starch in the motions. The first child, seven weeks old, had thirty grammes of rice flour in twenty-five hours, and the analysis of the feces showed not a single trace of changed starch; it must, therefore, have been wholly digested. In a second child, forty weeks old, fifty-three grammes of flour were given, equal to forty grammes

of dry starch. The first stool containing the starch faeces was passed in eighteen and a half hours. The evacuations contained .1687 gramme of dry starch. This child, then, which was, in fact, dying, completely digested forty grammes of starch. The examination post-mortem confirmed the result. A third experiment was made with a child a year old. In forty-eight hours seventy-nine grammes of dry starch were given in the form of rice meal with butter; 79.7 per cent. of the starch introduced was digested. A similar result was obtained with oat flour.—*The Therapeutic Gazette*.

THE CONTROL OF PROSTITUTION.—Heidingfeld (*Journal A. M. A.*, January 30, 1904,) contributes interesting data tending to show that regulation and control of prostitution by municipal authorities favors rather than prevents the spread of venereal disease. His conclusions are drawn from a large venereal practice in Cincinnati, which for three years past has had a régime of control of prostitution by the Board of Health, entailing registration, weekly examination, police surveillances and compulsory hospital treatment or a work-house sentence. Despite this careful supervision of public prostitutes he finds a noticeable increase in venereal disease rather than a marked decrease, which alone would demonstrate the efficacy of control. The certificate of inspection boldly displayed guarantees no immunity from infection, but lessens the precautions men would otherwise take. No examination, however rigid, can determine that a woman is unable to transmit gonorrhœa; and with a work-house or hospital sentence confronting her a prostitute will conceal mucous patches and other venereal lesions from the examiner which she would confess to her own physician. The clandestine prostitute who is equally apt to spread disease is not reached by any system of in-

spection. Two most potent factors in preventing prostitution are the fear of infection in men and the fear of pregnancy and resultant exposure in women. Illusive security from disease incident to reliance upon immunity promised by the bill of good health favors male prostitution and the facility with which abortion is secured in many cities fosters female prostitution.—F. B. T., in *Detroit Medical Journal*.

A SEWER SYSTEM FOR LOS ANGELES.—The Health Officer of Los Angeles, in a recent report, shows that several districts, comprising 40 per cent. of the area of the city, are not provided with sewers. In these districts, however, the rules regulating the use of cesspools and vaults are very rigid and have been strictly enforced by the Board of Health. While there has not been any great excess of illness in these districts, it is shown that nearly all cases of typhoid fever, diphtheria, and other more common infections occurring in the city have been limited to them. Fortunately work is to begin immediately upon an extensive sewer system and there is a fund of \$1,000,000 available for its construction.—*The Medical Record*.

WATER SHORTAGE IN SOUTHERN CALIFORNIA.—The scarcity of water throughout Southern California has been this summer no greater, perhaps, than during former summers, but it has given more than ordinary inconvenience. In Los Angeles, where the public improvements for several years have been severely taxed to keep up with the rapidly increasing population, it became necessary to warn the people against waste of water. It was then shown that the average consumption of water in the city amounted to more than forty-six gallons a day for each person, or about three times the aver-

age quantity said to be consumed in New York City. The principal waste, if it should be regarded as waste, arose from the use of automatic sprinklers, without which it would be almost impossible to preserve the vegetation which adds so greatly to the beauty of the city. Happily the supply is sufficient to preclude the possibility of a water famine severe enough to menace health. The same difficulties are being experienced in cities south of Los Angeles, particularly in Santa Ana and San Diego, and in them the supply is more precarious.

The water conditions in San Deigo are altogether peculiar to the place. It is a fact that causes not a little astonishment to visitors that the San Diego River, the principal source of the water supply for the city, flows "bottom side up." In other words, the broad river bed is as dry as the proverbial chip, and it has been so for a great many years. It is only necessary to sink large pipes into the gravel and boulders to a depth of thirty-five feet in order to reach an almost inexhaustible quantity of water. Less than a dozen wells of this character are required to supply the city with from two to three millions of gallons of water daily. But the entire water plant is only a temporary makeshift, liable to fail at any time. During a greater part of the present summer the supply has been so limited, or, as some assert, the facilities for its pumping have been so neglected, that the higher parts of the city have been left without water almost daily for from eight to twenty-four hours at a time. Fortunately neither fire nor pestilence has yet taken advantage of the opportunities afforded, and the people meekly submit to the inertia of the office holders. It

is conceded that a caisson sunk to the depth of fifty or sixty feet would afford an inexhaustible supply of water and with less expense than obtains with the present system. But the San Diegan is averse to undertaking anything that Providence may do for him, and constantly lives in hope of a better rainfall next winter.

One of San Diego's wealthy benefactors has decided to build a flume to conduct water from a source many miles back in the mountains. The water will be of much better quality than the present supply and more plentiful, but it will require several years to complete the construction.—*The Medical Record*.

The following changes in faculty are announced by the New York School of Clinical Medicine: General Medicine, Profs. Wm. Brewster Clark and Henry Lawrence; Schively; Asso. Profs. Thos. W. Acken and Edw. L. Kellogg. General Surgery—Prof. Simon J. Walsh and Asso. Prof. J. Cameron Anderson. Gynecology—Prof. Augustin H. Goelet and A. Ernest Gallant. Paediatrics—Profs. Dillion Brown and Henry Comstock Hazen. Nervous and Mental Diseases—Profs. J. Arthur Booth and Emmet C. Dent. Gastro-Intestinal Diseases—Prof. Robt. Coleman Kemp. Ophthalmology and Otology—Profs. John L. Adams and Geo. Ash Taylor. Dermatology—Prof. Robt. J. Devlin. Laryngology and Rhinology—Prof. Max J. Schwerd. Orthopaedic Surgery—Prof. Homer Gibney. Hydrotherapeutics—Prof. Alfred W. Gardner. Genito-Urinary Diseases—Profs. Wm. K. Otis, Walter Brooks Brouner and John von Glahn. Pathology—Prof. E. E. Smith.

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EDITORIAL.

THE ST. LOUIS FAIR.

We have had a delightful trip to the World's Fair, and can commend that great exposition to our readers. The following, taken from Los Angeles dailies, gives some idea of the way we looked at the big show:

Dr. Walter Lindley has just returned from a three weeks' trip to the Louisiana Purchase Exposition at St. Louis.

"The fair is a great success as an educator in many directions," said Dr. Lindley last evening. "How many of us remember anything about the Louisiana Purchase that was concluded April 30, 1803? By this purchase by Thomas Jefferson from Napoleon Bonaparte, 875,000 square miles of the choicest territory on the American continent were added to the United States. The price paid was \$15,000,000. Napoleon had troubles of his own and needed the money.

"The Philippine exhibit, covering forty-seven acres, is another great field for study. There are in this display over 75,000 separate exhibits and a person can easily imagine that he is in the land of savages as well as in the land of the civilized residents of those islands.

"The fair is beautifully situated and covers 1340 acres, about twice the space occupied by the Chicago fair.

"The visitor can secure for a nickel, the daily program, containing a map of the grounds, which he should study carefully and then start in systematically on his tour of inspection.

"Two buildings a day are about all a man can stand taking in besides the Boer war or some Pike shows at night. The Boer war show seats 20,000 people, gives two performances daily, burns 800 pounds of powder at each performance and is the great success of the fair.

"I was talking with a prominent Japa-

nese official connected with the exhibit, and he said: 'How can old heroes like Gens. Cronje and Viljoen humiliate themselves by appearing in this show twice every day? I would starve first.'

"About forty of the States have buildings. The California building represents the front of the Santa Barbara mission. It is small and not at all imposing, but arouses a great deal of interest. The Tennessee building is a reproduction of the fine old colonial home of Andrew Jackson—the Hermitage. This home, rich with history, political and domestic, is situated a few miles from Nashville. Its duplicate at the fair contains many of the old Jackson relics.

"The Mississippi building is a copy of Beauvoir, the last home of Jefferson Davis. The United States did not 'hang Jeff Davis on a sour apple tree,' but he died here quietly, surrounded by his wife, daughter and friends, thirty years after the close of the war.

"Here is his bedroom and the massive mahogany bedstead, with its great canopy, upon which he died. Virginia, very appropriately, has as its building Monticello, a duplicate of the home of Thomas Jefferson.

"California is ably represented by Mr. Wiggins and Col. Filcher, one from the South and the other from the North; but they know no North or South, but work together enthusiastically and harmoniously for the whole State. California exhibits in all sections make a Californian proud.

"Arizona and New Mexico also have good displays. I was particularly impressed with the exhibit of apples, grape

fruit, lemons, limes and oranges from Arizona. This display from the sun-kissed Territory gives a faint idea of what a productive State Arizona will eventually be when the national system of irrigation has been developed.

"One of the valuable advertisements of Los Angeles is the great organ in Festival Hall. Every visitor to the fair wants to see the largest organ in the world, and in listening to and looking at it they all see standing out in large letters: 'Built by the Los Angeles Art Organ Company, Los Angeles, Cal.'

"Alaska has an excellent display of minerals, wood and grain. Mrs. Mary E. Hart and her son, a bright young man, who have charge of the Alaska building, explain graphically to a steady stream of visitors the possibilities of this northern territory."

Dr. Lindley said that there is an abundance of accommodations for any number of guests at St. Louis, ranging in rates for room from 50 cents a day to \$10 a day, according to the pocketbook and taste of the visitor.—*Los Angeles Daily Herald*, August 22.

The Philippine exhibit at the St. Louis World's Fair is, in the opinion of Dr. Walter Lindley, the point of greatest interest. The doctor has just returned to Los Angeles from a three weeks' absence. He was at the fair two weeks and devoted nearly two days to the Philippines. He was fortunate in being there on August 13, the anniversary of the fall of Manila. There was a military parade reviewed by Secretary of War Taft. In the carriages in the parade were fifty prominent business

and professional men from the Philippines who have been traveling through the United States and are on their way home. They are an intelligent, polished body of men.

The doctor said: "I happened to be but a few feet from Secretary Taft when he met the Filipinos for the first time since he left Manila. He was most cordial, informal and hearty in his individual salutations. 'How are you, Judge?' 'I am glad to see you.' 'How are you, doctor? How is the madame?' The Filipino gentlemen evinced great affection for the big Secretary. Secretary Taft's speech was brief, business-like and to the point. Gens. Merritt, Funston and King were seated near Mr. Taft during the ceremonies. In this Philippine exhibit there are over 75,000 separate exhibits. These are in large buildings devoted to forestry, commerce, agriculture, art, education and ethnology. Each interesting in itself.

"Thoroughly separated from each other are four camps in which are representatives from four tribes of Filipinos. In one are the Negritos, said to be the most primitive tribe on earth, small, apparently good-natured, and with bushy, kinky hair. They are noted for their prowess with the bow and arrow. As I stood there, visitors would hand pennies to little fellows from 8 to 12 years old and one of the boys would set a penny on edge, stand off about twenty-five yards, shoot at the narrow edge and hit it almost every time. There are forty-one Negritos in camp. Across the road are the Igorots, somewhat larger, but quite as far from being civilized. The only dress of the Igorot is the

string breech or breech clout, a piece of red cloth about eight inches wide tied about his middle and allowed to fall to his knees. One man near me said he came to St. Louis to learn the naked truth about these here Filipinos and he reckoned he was getting what he came after. Igorots are dog eaters, and it is said they get their supply while here from the St. Louis pound.

"Another camp was the Moros, who are more civilized in some ways, but still more dangerous. Signs are put up around: 'Persons photographing the Moros do so at their peril.' These signs give a wild flavor to the atmosphere. A group of the Moros were gambling and winning and losing money with all the imperturbability of old sports. The Visayan camp or village is quite a contrast to the others. The Visayans are educated and attractive in appearance. They are especially proficient as musicians and have here a band and orchestra. The Igorots and Moros are Mohammedans, but out of nearly 8,000,000 inhabitants in the Philippine Islands only 200,000 are non-Christians.

"The Louisiana Purchase Exposition is interesting, educational and no doubt far more stupendous than any previous World's Fair. The United States government loaned the fair commissioners \$4,600,000 and over half of this has already been paid back, demonstrating that the fair is a financial success. The average cash admissions are over \$100,000 daily."—*Los Angeles Daily Times*, August 22.

Dr. Walter Lindley, who has just re-

turned from the St. Louis Exposition, is full of the subject. Speaking of the subject today, he said:

"In the way of display of foreign nations, Germany is easily first in every direction, Japan second and China third, the last two giving an excellent idea of the tremendous possibilities of trade with the Orient. France, Italy, Great Britain, Mexico, Argentine Republic, Brazil and all other foreign nations are well represented. I should have expected Russia. That country is just now putting in a small exhibit, which shows how that ponderous nation has been stunned by her war with Japan. The overshadowing feature of this great exposition is the Philippine exhibit, which covers forty-seven acres.

"One of the central buildings contains the forestry exhibit. This shows a great variety of valuable timber, much of it taking as fine a finish as mahogany. Fifteen hundred varieties of trees are represented in this exhibit, and in the Philippine Islands there are 50,000,000 acres of dense forests. The Philippine mining display was startling in its richness. It is said that gold is to be found in every province.

"I was particularly impressed with the Philippine art department. Here were painting and statuary that would do credit to any collection. The 100 native Filipino students who have been at school in Southern California during the past winter arrived at the fair on their way East while I was there. Surrounding the large central buildings are the camps of four tribes—the Negritos, Igorots, Moros and Visayans. These Filipinos are here living in the

same manner, the same huts and houses and using the same cooking utensils that they have in their native land. I put in nearly two days studying this Philippine exhibit, and it alone is well worth the trip to St. Louis.

"While I was at St. Louis the weather was, with the exception of two or three days, remarkably pleasant. Mr. and Mrs. Wiggins, with the able collaboration of Col. and Mrs. Filcher, are doing wonders for California, and are a general information bureau and directory for all Californians. Any person who can visit this World's Fair and does not is simply storing up regrets for the future."—*Los Angeles Express*, August 22.

Dr. Walter Lindley returned home last night from a three weeks' visit to the World's Fair at St. Louis. He is enthusiastic as to the merits of the exposition, and says it is well worth the trip.

"California's display in the Horticultural building. Agricultural building and Palace of Varied Industries attracts great attention," Dr. Lindley said. "Mr. and Mrs. Wiggins place themselves generously at the service of California visitors and are an encyclopedia of facts about the great exposition. I talked with several who visited the Chicago, Buffalo and two Paris expositions, and they unite in saying the St. Louis Exposition far surpasses any of them. This fair cost \$50,000,000, while the Chicago fair cost \$35,000,000. The St. Louis fair has under roof, in its principal buildings, 128 acres, while the Chicago fair had 82 acres under roof, the

Buffalo fair 15 acres, and the Omaha fair 9 acres. The Palace of Agriculture alone covers 21 acres, and California looms up with the finest display there. North Dakota, in its display, has the log cabin that Roosevelt lived in when he owned a stock ranch there in 1884."

Dr. Lindley says the Philippine exhibit, covering 47 acres, is especially interesting and instructive.—*The Los Angeles Examiner*, August 22.

COE SHOULD COO.

When it was announced that the next meeting of the American Medical Association was to be held in Portland, Oregon, the Southern California Practitioner immediately began urging that all California prepare to go there, and that a special train of Pullmans be run from Los Angeles, and all of us were feeling good to think that we had such an excellent excuse for visiting our northern neighbor. With that kind of a feeling permeating California, we were surprised when we picked up the *Medical Sentinel* for August to see that Dr. Henry Waldo Coe, the genial editor-in-chief of that journal, was feeling sore. He says: "The *Medical Sentinel* regrets to say that the State which lies upon our south—California—was not the neighbor which we had hoped it would be in Portland's contest for the meeting place. This is another demonstration of the fact dawning upon Portland in these later days that our neighbors are on the north and east and not from the south." There is much else in the same spirit. Dr. Coe, in his journal, says that when the balloting took place Los Angeles had 17, Hot Springs 25 and Portland 40. Following announcement of this ballot, "Dr. Bert Ellis of Los Angeles moved on the second bal-

lot the selection of Portland, which resulted in the unanimous choice of our city, and which action on his part cleared the atmosphere, removed the sense of tension and ill-feeling among the Coast delegates which had threatened up to this time, and closed the whole incident with good will prevailing everywhere." This last quotation sounds more like Dr. Coe than the first, and we trust that by July 11th, 1905, when the American Medical Association convenes in Portland, our friends who have been so victorious in this matter will have gotten rid of the spirit that is manifest in the first paragraph from which we have quoted. While we would have been proud to have had the great national meeting here in Los Angeles, yet there was no spirit of envy in our contest and we all feel delighted that Portland is the meeting place. This is the first time in our history that we have believed there could be any ill-feeling towards us from our neighbors in the North.

PROFESSOR WM. H. WELCH IN LOS ANGELES

On Friday evening, September 2nd, Professor Wm. H. Welch, of Johns Hopkins University, gave a most instructive and entertaining lecture upon "Healing Sera," before the Los Angeles County Medical Society. Dr. Welch was on his way East from San Francisco, where he had given the "Lane Lectures" at Cooper Medical College. The Los Angeles lecture was given in the assembly hall of the Chamber of Commerce. This hall was packed to the doors, many standing until extra seats could be provided in the aisles.

Dr. Welch said at the outset that the subject upon which he gave the evening's discourse was so intimately asso-

ciated with immunization and all connected therewith that in order to present it intelligently it required the use of so many technical terms that it became a very difficult matter to condense the subject into one evening's talk. As he said, to correctly understand the matter, "we have to sit down and read and study, as new words and ideas are involved which are untranslatable into every-day speech." Notwithstanding this, everyone came away feeling that he had grasped many new ideas, and feeling that he had been enriched intellectually by coming in contact for an hour and a half with one of the greatest and most cultured, most sincere, and withal one of the most companionable of scientists.

There was so much in the lecture that it is difficult to select any one thought of especial interest toward which one can point without feeling that he is doing an injustice to the whole.

In speaking of Jenner's gift to the world of something more than a hundred years ago, Dr. Welch regretted that in America we have not a thorough, scientific, governmental control of the manufacture of vaccine matter, as they have in England and on the continent. We have more unfortunate results from vaccination than they have in Germany, France or England. They hardly know of bad results following vaccination. He very justly spoke of the commercialism which surrounds the manufacture of vaccine material in America, whereby we fail to secure as pure a product as might otherwise be obtained.

He also paid tribute to Pasteur in the treatment of hydrophobia, or rather the prevention of hydrophobia. He said that while the Pasteur treatment in this

disease does not prevent every case, nevertheless the good that is accomplished results in the saving of thousands of lives which have been jeopardized by rabies, and has proven a great boon to humanity.

Perhaps to most of us that portion of his discourse which pertained to yellow fever was most interesting. In recounting work done by Maj. Walter Reed in Havana, he spoke of the opportunity afforded him by Maj.-Gen. Wood, then in command of Cuba. The fact that Maj.-Gen. Wood was a physician, and could see the far-reaching importance of these investigations granting every facility for research, served as an opportunity which might not again be afforded in a century. One of the interesting features discovered by Maj. Reed was that while the blood of yellow fever, as carried by the mosquitoes, can inoculate an individual, yet it is only during the first three days of the disease that it is possible to inoculate a second individual under any circumstances or in any way; that is, after the third day of the disease the blood, if transmitted directly to another person, will not produce yellow fever. He furthermore found by investigations that if the mosquito draws the blood from the yellow-fever patient during the first three days of the disease, a period of twelve days must elapse before the mosquito can impart it to a second individual. As Prof. Welch said, "the reason for this is that it requires a period of twelve days to manufacture the virus into a form dangerous to a human being through the deposit of these particular germs. It requires twelve to fourteen days to pass from the stomach of the mosquito to the salivary glands from which it reaches the human body. This was the

great discovery, and that is the sole reason that the parasites failed to appear in the earlier experiments. On this discovery rests the absolutely sure scientific prevention of the disease. There was a little question at that time on the result of this work, but the application of Gen. Wood has removed the doubt."

As Prof. Welch says, "the best proof that we are now on the right track is that by simply quarantining and protecting from mosquitoes the yellow-fever patient absolutely during the first three or four days of the disease has served to stamp out yellow fever entirely. This makes Maj. Reed's discovery as important as that of Jenner, and even more so because the discovery is carried out on a scientific basis."

Prof. Welch is a most delightful speaker, and has a very pleasing personality. On Saturday following the lecture Dr. J. H. McBride, former dean of the Medical College of the University of Southern California, gave him a luncheon at the California Club. There were covers laid for twelve. Dr. McBride had the guest of honor at his right, and as his vis-a-vis, Dr. Joseph Kurtz. On Saturday afternoon Prof. Welch was the guest of Dr. H. G. Brainerd on a trip to Catalina Island. They returned Sunday night, and on Monday Dr. Geo. L. Cole, professor of medicine in the University of Southern California, and Dr. W. W. Beckett, professor of gynecology of the same institution, united in giving another luncheon to Prof. Welch at the California Club, at which a large number of the prominent members of the medical profession were present. The physicians of Los Angeles will always carry with them a delightful recollection of the visit which Prof. Welch has made to Southern California. At the close of Prof. Welch's address Dr. Brainerd made a plea for subscriptions to a memorial to Maj. Reed, and in response about \$200 was quickly paid in.

MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

As we go to press there are already enough applicants for matriculation to show that the attendance of the Medical College of the University of Southern California will be very large. This institution is taking many steps towards the betterment of its equipment. The Clinical Building, which has been in course of construction during the summer, is now finished and the equipments are being rapidly ordered and placed, so that everything will be ready at the opening on October 13th.

Dr. W. A. Edwards of San Diego is making his arrangements to remove to Los Angeles, and has been added to the faculty of this college. He will devote himself to lectures, especially on the cardiac diseases of children, and is joining in the work with great enthusiasm. Dr. Edwards is one of the highest authorities in America on diseases of children. This college has always been proud of the course that has been given in this branch, and now that Dr. Follansbee will have the collaboration of Dr. Edwards, the work will be still more greatly strengthened. We also understand that there is a probability he will deliver a course of lectures on tuberculosis and climatology.

EDITORIAL NOTES.

Dr. L. E. Wightman of Globe, Ariz., has been enjoying the World's Fair.

Dr. D. B. Steen of Los Angeles has been in Catalina for a week.

Dr. Stitt of Vacaville has removed to Berkeley.

Dr. A. B. Hostetter of Covina spent three weeks at the beach.

Dr. I. W. Haslett of San Bernardino took his vacation at Long Beach.

Dr. E. L. Johnston of Pomona took his vacation in Northern California.

Dr. E. S. Burton, formerly of Tucson, has moved to Pasadena, Cal.

Dr. A. P. Wilson of Randsburg has located in Los Angeles.

Dr. Wm. Kroh of Los Angeles took his vacation at Catalina.

Dr. J. W. Wood of Long Beach is away on an eastern trip.

Dr. J. E. Janes of Pasadena has recently taken a trip to Alaska.

Dr. Henry Nast, formerly of Los Angeles, has removed to Pasadena.

Dr. Wynne of Redlands has been on a hunting trip in New Mexico.

Dr. C. W. Girdlestone of Riverside took his vacation at Oceanside.

Dr. C. E. Yount of Prescott, Arizona, has returned from his eastern trip.

Dr. H. W. Fenner of Tucson has been spending a few weeks in California.

Dr. Henry Sherry of Pasadena has been enjoying the beach at Catalina.

Dr. John E. Adams of Flagstaff, Ariz., has been enjoying the World's Fair.

Dr. W. L. Spotes of Globe, Arizona, has been enjoying a rest in Los Angeles.

Dante was a member of the Guild of Physicians and Apothecaries in Florence.

Dr. A. L. Hickman of Douglas, Arizona, has returned from his eastern trip.

Dr. A. I. Fraser of Kofa, Arizona, has been visiting friends in Southern California.

Dr. F. H. Hadley of Whittier has gone to New York City to take a post-graduate course.

Dr. C. D. Dickey and family of San Bernardino are occupying their summer cottage at Oceanside.

Dr. John Gwaltney of San Pedro, who has been doing post-graduate work in Chicago, has returned home.

Dr. A. T. Newcomb of Pasadena has returned from a 'three months' post-graduate course at Johns Hopkins.

Dr. D. H. Carns of Albuquerque has been spending a month visiting in the East.

Dr. W. T. Bolton of Pasadena spent his vacation at Oceanside, San Diego county.

Dr. Helen O. Anderson of Los Angeles has been spending two months in the East.

Dr. Andrus D. Cameron of Riverside has been enjoying an outing at Catalina.

Dr. S. F. Davis of Pomona has been with his family enjoying a vacation at Idyllwild.

Dr. H. E. Bogue of Chicago is located in Lordsburg, Los Angeles county, California.

The new hospital of the Santa Fé at Albuquerque will be completed in about a month.

Dr. F. W. Thomas of Pomona has been spending ten days camping in the mountains.

Dr. H. M. Hays of San Bernardino has been spending two weeks in mountain climbing.

Dr. O. J. Kendall of Riverside has been in San Francisco attending the Lane lectures.

Dr. T. C. Christy of San Francisco has been enjoying a vacation in Southern California.

Dr. W. L. Zuill of Pasadena has been spending part of the summer at Avalon, Catalina Island.

Dr. F. W. Steddom, of 915 Downey avenue, Los Angeles, is taking a trip through the East.

Dr. R. Y. Leslie of Redondo, who has been quite ill, is again able to attend to his professional duties.

Dr. W. A. Weldon of San Pedro spent a month recently at Wheeler Springs in Santa Barbara county.

Dr. and Mrs. J. T. M. Allen of Los Angeles have gone to Zapota, Mexico, where they will make their home.

Dr. S. J. Fuller of Imperial has been taking a vacation in the mountains near Julian, San Diego county.

Dr. E. A. Jones of Raton has been spending a few weeks at Las Vegas, N. M.

Dr. J. R. Scott of Portales, N. M., who has been quite ill, has practically recovered.

Dr. Geo. M. Brockway of Florence, Ariz., has been spending several days in Los Angeles.

Dr. C. C. Browning of Highlands, San Bernardino county, has returned from his eastern trip.

Dr. Philip King Brown of San Francisco has been spending a few days in Santa Barbara.

A New England Society has been organized in San Pedro, with Dr. W. A. Weldon as president.

Dr. Sylvester Gwaltney of San Pedro took his vacation in the San Diego mountains.

Dr. Hathaway of Winslow, Ariz., spent several days recently taking his vacation in Needles, Cal.

Dr. F. S. Byington of Los Angeles is the Democratic nominee for the Assembly in Los Angeles.

Dr. Ralph Hagan has been elected secretary of the Los Angeles Driving Club.

Dr. Wm. H. Dukeman of Los Angeles has been roughing it in the mountains.

Dr. I. L. Bond of Redlands is spending two months in Boston, taking in the World's Fair en route.

Dr. C. F. Hawley of Mesa, Ariz., has been spending a few weeks in Southern California.

Dr. B. M. Williams of Las Vegas, N. M., recently made a hurried trip to Southern California.

Dr. John Y. Oldham, the Los Angeles oculist, has been enjoying the sea breezes at Ocean Park.

Dr. E. T. Keefe has returned to Phoenix after a pleasant outing in Southern California.

Dr. Chas. Earl, formerly of Providence, R. I., has located for the practice of his profession in Los Angeles.

Governor Brodie has appointed Dr. G. F. Manning of Flagstaff, a member of the Arizona Board of Medical Examiners, vice C. W. Wood, resigned.

Dr. J. P. Kaster, chief surgeon of the Santa Fé at Las Vegas, has been to Amarillo, Texas, inspecting the Santa Fé Hospital.

Dr. H. H. McDonald of Crown King, Arizona, was recently married under dramatic circumstances to Miss Inez Morrison of Prescott, Arizona.

San Diego is getting up a new charter for that city, and the Revision Committee proposes to put two plumbers on the Board of Health.

Dr. J. M. Hurley of San Bernardino has been attending the encampment of the Grand Army of the Republic in Boston.

Dr. and Mrs. W. T. McArthur have arrived in Los Angeles after their wedding trip, and the doctor has again taken up his professional work.

Dr. Frederick J. Cook, surgeon of the Antarctic expeditions under Lieutenant R. A. Perry, will deliver several lectures in Los Angeles during the winter.

The citizens of San Pedro have organized the San Pedro Hospital Association, and propose to erect a hospital there.

Dr. J. T. Stewart of Los Angeles, who has been ill for several months, has quite recovered and again taken up his professional work.

Dr. M. L. Moore, Dr. A. C. Rogers, Dr. Charles Pepper and Dr. Clarence Moore have been spending a month at Pelican Bay, Oregon.

Dr. W. H. Stiles of San Bernardino

was appointed on the medical staff of the Knights Templars for the conclave recently held in San Francisco.

Dr. George C. Brown of Long Beach has been visiting the World's Fair at St. Louis. During his absence Dr. J. W. Nicolai had charge of his office.

Dr. D. E. Broderick, recently surgeon for the Copper Queen Company, has resigned and located for the practice of his profession in Bisbee, Arizona.

Dr. M. B. Huff, who has been spending several weeks in the East, has returned to his professional work in Corona, Cal.

Dr. J. B. Cutter, superintendent of the Santa Fé Railway Hospital at Albuquerque, has been spending a few days in Las Vegas.

Dr. D. E. Broderick of Bisbee, one of the surgeons of the Copper Queen medical staff, has resigned that position owing to his rapidly increasing private practice.

In a letter from Dr. C. H. Hughes of St. Louis, he says: "The exposition is great; I have seen it sixty times, and have not yet seen all. It is good as a globe trot."

Dr. F. D. Bullard and Dr. Rose T. Bullard have returned from a six weeks' vacation. During their absence they visited the World's Fair in St. Louis and the Yellowstone Park.

Dr. F. C. Diver of Bisbee, Arizona, has been laid up for several days, due to an injury to his leg. The accident was caused by his horse becoming frightened.

Dr. J. W. Trueworthy, president of the board of trustees of the Los Angeles Public Library, has been taking a vacation at Lake Tahoe, San Francisco and Del Monte.

Dr. W. G. Hope of Albuquerque, New Mexico, has returned home after devoting three months to post-graduate

work in the New York Medical College.

Dr. George E. Paddleford and Miss Edna Haskell Stetson, both of Los Angeles, were married on Tuesday, August 2nd, at the residence of the bride's parents.

Dr. George A. Hare, formerly of Fresno, Cal., has removed to Washington, D. C., where he is the medical superintendent of the Washington Sanitarium Association.

Dr. L. A. Perce of Long Beach has been elected president of the State Board of Medical Examiners. From all we have heard Dr. Perce's work has been very creditable.

Dr. Wm. Duffield of Phoenix, Arizona, has been spending a month in Southern California. During Dr. Duffield's absence Dr. Wm. M. Bell has had charge of his practice.

Dr. C. F. Tate, formerly of Los Angeles, has gone to Nacozari, Arizona, where he has accepted a very lucrative position as surgeon to a mining company.

Dr. and Mrs. Ernest A. Bryant have returned from their Alaskan wedding trip, and are at home to their friends at 904 West Twenty-eighth street, Los Angeles.

Dr. Henry Herbert of Los Angeles has been attending to the patients of Dr. Royer of Orange during the latter's absence on a trip to San Francisco.

Dr. M. K. Wylder, who recently married Miss Coleman, of Jackson, Illinois, has purchased a residence in Albuquerque, N. M., and begun the practice of his profession there.

Dr. M. R. Toland, formerly of San Jacinto and latterly of Pomona, has opened offices in the Bradbury building, Los Angeles. Dr. Toland is one of the prominent factors in the new medical college in Los Angeles.

Dr. J. S. McArthur, formerly of Idyllwild, has returned to Los Angeles after spending several months in the Hawaiian Islands. The doctor looks fine, and proposes to enter practice in Los Angeles.

Dr. Raymond E. Chase and Miss May Pirtle were married at Christ Episcopal Church at Los Angeles on Wednesday evening, September 14th. They will reside at Glendale, one of the suburbs of Los Angeles.

Dr. R. Lorini, formerly of San Francisco, has located at Coronado, and is now the house physician at Hotel del Coronado. Dr. W. A. Edwards, who has held that position for many years, has removed to Los Angeles.

Dr. P. C. Remondido, of San Diego, writes us in a personal letter: "After an enforced idle spell of some seven months I am at my History of Medicine again. Hope to finish two volumes this fall."

Dr. W. V. Marshburn of Whittier is taking a post-graduate course at the polyclinic affiliated with the University of California in San Francisco. He will be at home to resume his professional work the first of October.

One of the most prominent practitioners in a neighboring city in Southern California, in renewing his subscription to the Southern California Practitioner, says: "I like old friends and shall stick to them."

Dr. Garrett Newkirk, dean of the Dental College of the University of Southern California, has been elected vice-president to the International Dental Congress. This is quite an honor for the Los Angeles dental school, and the dean is certainly well-deserving.

On August 16th Dr. Alfred J. Downs and Miss Mildred E. Lewis were married in St. Paul's Pro-Cathedral by the Rev. Dr. J. J. Wilkins. Dr. Alfred Kutch was best man, and among the

ushers were Dr. Milbank Johnson and Dr. Claire Murphy.

Dr. S. J. Quint, assistant City Health Officer of Los Angeles, attended the lectures of Dr. Wm. H. Welch of Johns Hopkins University in the Lane course of lectures under the auspices of Cooper Medical College. Dr. Quint speaks very highly of the value of the course.

Dr. E. D. Harper, one of the most prominent physicians of New Mexico, died July 30th in the insane asylum at Las Vegas. He became addicted to the use of drugs and finally took to drinking, until his mind was completely untinged.

Dr. A. P. Williamson of Minneapolis, who was recently appointed to the superintendency of the Southern California Hospital for the Insane at Patton, seventy miles east of Los Angeles, arrived and took up his work on September 2nd.

On August 4th, 1904, Dr. Bruce L. Crise of Escondido, San Diego county, and Miss Rose M. Davies of Sacramento were married by Rev. E. P. Abbott. Dr. Crise has formed a partnership with his father for the practice of his profession.

Dr. Gwaltney's automobile got into an altercation with a San Pedro sprinkling wagon, and the result was a good, big bill for repairs, which the doctor had to pay. These automobilers get so accustomed to paying repair bills that they rather enjoy it.

Dr. C. A. Briggs of Pasadena, who has been spending the summer traveling in Europe, has returned to the United States, and is spending a few weeks fishing and hunting in the mountains of Maine. He will return to Pasadena about the 10th of October.

Drs. Laubersheimer, Justice, Lobengier, Loomis, Edward J. and John B. Cook, John R. and Robert W. Haynes, M. L. and Clarence Moore, and Win

Wylie have removed their offices to the million-dollar Herman W. Hellman building, corner Fourth and Spring streets, Los Angeles.

Dr. Dudley Fulton, for four years connected with the Battle Creek Sanitarium, has located in Los Angeles and is associated professionally with Dr. W. W. Hitchcock. Dr. Fulton is a graduate of the Chicago Medical College, and is a valuable addition to the profession of Southern California.

We have often heard of Judge John R. McBride of Spokane, Washington, brother of Dr. J. H. McBride, of Pasadena, and we regret very much to learn of his death. Judge McBride was formerly representative in Congress, later Chief Justice of Idaho, and for the last few years one of the most prominent attorneys in the State of Washington.

We have received a reprint from the New York *Medical Journal* of an address by Dr. S. A. Knopf, of New York City, entitled "Herman Brehmer, and the Semi-Centennial Celebration of Brehmer Sanatorium for the Treatment of Consumptives," the first institution of its kind. The paper is very interesting and suitably illustrated.

The new sanatorium for nervous diseases to be built about twelve miles east of Los Angeles by Drs. J. H. McBride, H. G. Brainerd, W. Jarvis Barlow, M. B. Campbell and Norman Bridge, is now in course of construction. The building will cost \$30,000, and under the management of Dr. McBride will doubtless be a success.

On August 1st Dr. and Mrs. J. A. Osborn of Rivera, Los Angeles county, were riding in an automobile with their little son three years old and Mrs. Osborn's mother, when a trolley car ran into them and all were seriously injured. One of Dr. Osborn's ribs was broken and another was cracked. At last reports they were all getting along well.

Dr. H. Haynes Coons of Pearce, Arizona, spent the month of September as the guest of his cousin, Dr. John R. Haynes, in Los Angeles. It was interesting to hear his disquisitions upon the merits of the sun-kissed territory, and its many superior points, as a place of residence, over California. He even thinks the politics of Arizona better than California's.

Dr. Wm. M. Gough, a Los Angeles practitioner, died in this city on September 7th, aged 79. Dr. Gough was one of the pioneers of Los Angeles, having come here in 1850. The trip took four months. He enlisted in the Confederate army and was brigade surgeon under General Price, and after the war practiced medicine for some time in Vicksburg, after which he returned to Los Angeles. He graduated from the University of Louisville in 1848.

Dr. A. L. Gustetter, assistant surgeon of the United States Public Health and Marine Service, and Dr. D. E. Broderisk, City Health Officer of Bisbee, have united in the issuance of a letter, in which they absolutely deny the existence in Bisbee of bubonic plague, "black heart," or any other epidemic disease. Bisbee has been having some trouble with its water supply recently, but this matter will soon be settled and the health of the city is declared to be first-class.

A recent announcement in the *Medical Record* of New York that Dr. George F. Shrady has resigned causes us surprise. It is true that he has been editor of that great journal for forty years, but we have never entertained the possibility of him relinquishing the work which he has performed with such eminent ability. We certainly trust that Dr. Shrady has yet before him many years of happy, useful life. He is succeeded by Dr. Thomas L. Stedman, who has been his associate editor for twenty years.

At a recent meeting of the Los Angeles Board of Health, permission was granted to seven physicians to practice, the applicants having complied with the rule requiring them to register their certificates with the Health Office. Their names are as follows: Drs. John P. Dougall, Eleanor C. Seymour, W. H. Stearns, Rolland F. Hanstrieter, Joseph D. Condit, Louis Weber and Jefferson M. Colburn. Dr. Eleanor Seymour is a daughter of Dr. F. A. Seymour of this city. She now is doing bacteriological work in the absence of Dr. Leonard, who is on her vacation.

The cornerstone of the College of Physicians and Surgeons of Los Angeles was laid at 4:30 o'clock Saturday afternoon, August 13th. Dr. Charles Baron Nichols, the president of the faculty; Dr. Benjamin F. Church, the dean, and Dr. Charles Wm. Bryson, the vice-dean, were in charge of the exercises, and Rev. Robert J. Burdette, Mayor Meredith P. Snyder and Hon. Earl Rogers delivered addresses. In the evening at the Angelus there was a banquet, in which fifty prominent citizens and physicians delightfully participated.

On the evening of August 16th, at Cincinnati, Dr. Charles French of San Francisco was married to Miss Gertrude Twining at the residence of the bride's parents. Dr. French is a graduate of the Medical College of the University of Southern California, and his father is a prominent dentist in Los Angeles. The doctor has been for three years assistant to Dr. Vowinkle of San Francisco, and holds a high position in the esteem of the profession in that city. He is now located there to practice independently, devoting himself to obstetrics and gynecology.

Dr. E. V. Shaw, chief surgeon of the Las Vegas, N. M., Hospital of the Santa Fé Employees Hospital Association, and Assistant Surgeon H. M. Smith have

tendered their resignations, to take effect November 1st, 1904. They will continue to officiate as resident surgeons in charge of the Las Vegas Dispensary, and as consulting physician at the hospital. A new resident physician will be appointed, who will devote all his time to the hospital practice. This hospital is four miles away from Las Vegas, and Drs. Shaw and Smith, with their rapidly growing private practice, found they could not devote the time to it.

The thirtieth annual session of the Mississippi Valley Medical Association will be held at Cincinnati, Ohio, October 11, 12, 13, 1904, under the presidency of Dr. Hugh T. Patrick of Chicago. The headquarters and meeting places will be at the Grand Hotel. The annual orations will be delivered by Dr. Wm. J. Mayo of Rochester, Minn., in surgery, and Dr. C. Travis Drennen of Hot Springs, Ark., in medicine. Request for places upon the program, or information in regard to the meeting, can be had by addressing the secretary, Dr. Henry Enos Tuley, Louisville, Ky., or the assistant secretary, Dr. S. C. Stanton, Masonic Temple, Chicago, Ill. The usual railroad rates will be in effect.

At a meeting of the board of managers of the Southern California State Hospital for the Insane, held early in this month, Dr. M. B. Campbell, the retiring superintendent, was presented with a handsome gold watch and chain by the members of the board of managers, the officials and employes of the institution. President E. P. Clark, of the board of managers, made the presentation address, and spoke feelingly of the long and faithful service of Dr. Campbell to the State. Dr. Campbell has taken offices in the Johnson building in Los Angeles and will devote himself to diseases of the mind and nervous system.

Governor Pardee has appointed the following California physicians to at-

tend the International Tuberculosis Congress which will be held at the World's Fair at St. Louis on October 3rd: Dr. N. K. Foster, Dr. W. A. Briggs and Dr. Edward Twitchell of Sacramento; Dr. Henry Gibbons, Jr.; Dr. Philip K. Brown, Dr. C. N. Ellinwood, Dr. William Watt, Kern; Dr. A. A. D'Ancona and Dr. D. A. Hogshead of San Francisco; Dr. F. M. Pottenger and Dr. H. Bert Ellis of Los Angeles; Dr. C. C. Browning of Highland, Dr. Cornelius Van Zwalenberg of Riverside, Dr. Fred R. H. Burnham of San Diego, Dr. Chester H. Rowell of Fresno, Dr. C. W. Nutting of Etna, Dr. Frank L. Adams of Oakland.

Dr. F. E. Freemantle, a health officer from England, has been investigating the hospital conditions and care of the wounded in the present war. He says that the wounds caused by both the Japanese and Russian bullets yield quickly and are less painful and dangerous than the wounds caused in warfare heretofore. There are no split or dum-dum bullets used, and the wounded, even when shot through what is generally regarded as a vital spot, yield quickly, and there is but little maiming for life. Both make clear-cut wounds, and blood poisoning from wounds properly treated is very rare. One reason for this is the fact that the bullets are sterilized by the heat which is engendered by their passing so swiftly through the bore of the rifle and the friction while flying through the air.

Dr. Josephine Briggs, aged 56 years, died in Pasadena, September 8th. When very young, she taught in the Albany (N. Y.) State Normal School, and at 22 was tendered the presidency of the Kansas State Normal School. In 1871 she married Dr. Solan Briggs, now of Pasadena, and after her marriage she studied medicine. She was the second woman to graduate from the medical department of the University of Michi-

gan. She received many honors in medicine, but about eight years ago became totally blind, which, of course, forced her to give up her practice. Since that time she had taken a very prominent part in church (Methodist Episcopal) work and the Young Women's Christian Association, besides belonging to the Shakespeare Club. Her husband, son and daughter survive her.

Dr. John W. Elder, the Health Officer of Albuquerque, N. M., is earnestly urging a new sewer system for that progressive city. He says "today the sewers are clogged and unable to take care of all their work. This is true in respect to what sewerage they now handle, while it must be remembered that many portions of the city are liable to disease because they cannot connect with the sewerage. The present system is entirely inadequate and unhealthful, and I do not believe that changes can be made that will improve matters outside of an entire new system." Dr. Elder is having the earnest support of Drs. G. W. Harrison and John F. Pearce, who are members of the City Board of Health. The citizens of Albuquerque are to be congratulated upon having a Board of Health and Health Officer who are not afraid to speak out.

Dr. Charles D. Freedman, former assistant police surgeon, in Los Angeles, who resigned and went to Picacho, Arizona, about a month ago to take the position of surgeon for the California King Mining Company, returned to Los Angeles recently. Dr. Freedman says the mine has shut down for two or three months for repairs, as the property was greatly damaged by a recent cloudburst. Several miles of the company's railroad was washed out and nothing can be done until this is rebuilt. Dr. Freedman was on his way on horseback from the mine to the mill at the time of the cloudburst, and was saved from drowning only by the speed of his horse. He says

the cañon was converted into a raging torrent in a few minutes, and he and his companion beat the water by only a few seconds. He expects to return to the mine as soon as operations are resumed.

President Amador of the Republic of Panama has appointed the following officers of the fourth Pan-American Medical Congress, to be held in Panama the first week in January, 1905: Dr. Julio Ycaza, president; Dr. Manuel Corrales, vice-president; Dr. José E. Calvo, secretary; Dr. Pedro de Obarrio, treasurer, and Dr. J. W. Ross, Dr. J. Tomaselli, Dr. M. Gasteazoro, committeemen. There will be but four sections—Surgery, Medicine, Hygiene and the Specialties—to which the following officers were appointed: Surgical section—Major Louis LaGarde, president; Dr. E. Harrick, secretary. Medical section—Dr. Moritz Stern, president; Dr. Daniel R. Oduber, secretary. Section on hygiene—Colonel W. C. Gorgas, president; Dr. Henry E. Carter, secretary. Section on specialties—Dr. W. Spertling, president; Dr. Charles A. Cooke, secretary.

The thirty-fifth annual meeting of the American Medical Editors' Association, held in Atlantic City in June, 1904, was one of the most successful in its history, C. E. de M. Sajous, president, presiding. Resolutions were unanimously adopted endorsing the action of Mr. Bok, editor of the *Ladies' Home Journal*, as shown in an able and vigorous editorial denouncing patent nostrums in the May number of that journal. The following officers for the coming year were elected: President, Harold N. Moyer, Chicago, Ill.; first vice-president, C. Evelyn Pilcher, Carlisle, Pa.; second vice-president, O. F. Ball, St. Louis, Mo.; secretary and treasurer, J. MacDonald, Jr., New York; the Executive Committee, C. E. de M. Sajous, chairman; John Punton, W. A. Young, W. C. Abbott, H. M. Simmons, C. F. Taylor and Chas. Wood Fassett.

The fourth Pan-American Medical Congress, which was to have convened in Panama the latter part of December of this year, has been postponed until the first week in January. This was done at the request of many physicians who propose to attend it, as they desire to be at home with their families during the Christmas holidays. The delegates from this side of the continent will, therefore, leave December 27th if they go down from New York with the regular Pacific Mail Lines, or at other dates if they go by way of New Orleans or Jamaica. The dates from the Pacific Coast have not yet been ascertained. The congress will be held from the 4th to the 7th of January, 1905. This will be a most interesting occasion, and a good opportunity for Americans to study the situation at Panama.

Articles of incorporation of the Los Angeles College Clinic Association were filed in the office of the County Clerk on August 9th, 1904. The directors who will hold office for the ensuing year are Drs. Joseph Kurtz, William Le Moyne Wills, H. Bert Ellis, William D. Babcock and Granville MacGowan. It is stated that the purposes of the association are to establish and conduct a hospital and dispensary for the treatment and care of the indigent sick and injured persons; to treat emergency cases and such other sick and injured persons who may be or become a charge upon the city; to conduct and maintain an institution for instructing, educating and training men and women in the sciences of medicine and surgery. The association is incorporated for fifty years, and directors are to be elected every year. The office of the association is 737 Buena Vista street. There is no capital stock, and the association, it is asserted, is not formed for profit. The institution is to be devoted entirely to educational and benevolent purposes. The land, buildings and fixtures are stated to be worth \$25,000.

STATE EXAMINATIONS, JULY AND AUGUST, 1904.

The following tables give the result of the two recent examinations, the one held at Los Angeles, July 12th, 13th and 14th, and the other at San Francisco, August 2d, 3d and 4th. Those marked (*) are here noted as coming before the board a second time, and (**) a third time, or second re-examination. Due precautions were taken to prevent any "cribbing" or cheating during the examinations. Of course, some of those who were rejected are bitterly complaining, but those competent to pass an opinion say that the examinations were at least fair, and in some cases absurdly easy. One examiner, at least, asked a couple of questions which he himself could not answer; but that is to be expected. The location of the "cerebro-spinal center" would be a difficult matter, while to properly "describe the human nose," in all its features, attributes and variations, would take some time!

There is one thing which the board should by all means do—it should abolish the possibility of any examiner identifying any candidate's papers. This can easily be done by having the candidate deposit his papers in a box, like a ballot box, instead of handing them to the examiner as he leaves the room.

For the ensuing year the board is organized as follows: L. A. Perce (E.,) Long Beach, president; W. S. Thorne, San Francisco, vice-president; Charles L. Tisdale (H.,) Alameda, secretary; Dudley Tait, San Francisco, treasurer; E. C. Buell (H.,) Los Angeles; A. L. Cothran, San José; J. C. King, Banning; J. B. Mitchell (E.,) San Francisco, and George F. Reinhardt, Berkeley. The office of the board is room 14, 530 California street, San Francisco.

JULY EXAMINATION, LOS ANGELES.

Passed—

University of Southern California(1903) 86 8-9

82 6-9; (1904) 79 5-9, 88 2-9, 77, 82 5-9, 81 3-9, 79 7-9, 81 3-9, 86 8-9, 78 2-9, 85 8-9, 79 7-9, 79.

Northwestern University, Ill

..... (1904) 86, 86 8-9

Rush Medical College, Ill. (1878) 75,

(1903) 86 1-3.

University of Buffalo, N. Y.

..... (1899) 84 7-9

University of Kharkow,

Russia(1904) 75

Columbia University, N. Y.

..... (1901) 89 8-9

Medical Department Univ.

Louisville, Ky.(1892)*78 2-9

University Vermont(1890)*86 3-9

Ohio Medical College.(1883) 75

Univ. of the City of New

York(1880) 84 6-9, (1886) 80 3-9

Johns Hopkins, Md.(1901) 85 1-9

Illinois Medical College..(1903) 75

University of Indianapolis,

Ind.(1904) 81 6-9

Starling Medical College..(1887) 75

Trinity University, Can... (1904) 80 8-9

California Medical College.(1904) 82 5-9

University Pennsylvania ..(1884)*77 7-9

Chicago Medical College,

Ill.(1869)*81 3-9

College of Physicians and

Surgeons, Ill.(1904) 79 4-9

Missouri Medical College..(1881) 78

Laura Memorial Woman's

College, Ohio(1902) 76 1-3

University of Dublin, Ire-

land(1878) 75

Western Pennsylvania Med-

ical College(1889) 75

Conditioned—

University of Louisville,

Ky.(1902) 79 1-9

Marion Sims College of

Medicine, Mo.(1901) 77 8-9

College of Physicians and

Surgeons, Cal.(1903)*78 2-9

University of Southern

California(1904) 76 8-9,

84, 75 1-9, 75, 80 5-9, 81 6-9, 84 2-9,

82 6-9.

- University of Minnesota..(1897) 77 5-9
 Vanderbilt University, Tenn.
 (1898) 75 4-9
 Failed—
 University Medical College,
 Mo. (1904) 72
 University of Southern
 Tennessee (1895) 66 2-9
 Eclectic Medical Institute,
 Ohio (1904) 72 1-9
 Rush Medical College, Ill..(1902) 66 4-9
 Jefferson Medical College,
 Pa. (1892) 59 6-9
 University of Southern
 California (1904) 74 5-9,
 70 1-9; (1903) 74 2-9.
 Missouri Medical College..(1898) 69 6-9
 Iowa State University....(1897) 64 4-9
 University of Michigan....(1882)*74
 Cleveland College of Phy-
 sicians and Surgeons,
 Ohio (1895) 69 8-9
 Kentucky School of Med-
 icine (1885) 65 7-9
 Passed, 39; conditioned, 13; failed, 13.
- AUGUST EXAMINATION, SAN FRANCISCO.
- Passed—
 Cooper Medical College,
 Cal. (1904) 86 2-9,
 85 5-9, 79, 82 3-9, 79 3-9, 90, 85 1-9,
 79 8-9, 82 5-9, 82 5-9, 80 1-9, 84 8-9,
 85 3-9, 81 7-9, 86 1-9, 80 6-9, 80 2-9,
 84 5-9, 79 8-9, 81 8-9, 86 2-9, 79, 87 4-9,
 78, 78 6-9, *78 8-9, (Saginaw Medical
 College, 1901,) 86 1-9.
 College of Physicians and
 Surgeons, Cal. (1902) *79,
 **75 5-9; (1904) 77 1-9, 82 6-9, 80 3-9,
 75 6-9, 75 5-9, 85.
 University of California,
 Medical Department....(1898) 82 4-9;
 (1903) 80 5-9; (1904) 81 1-9, 80 1-9,
 87 2-9, 85, 82 1-9, 88 6-9, 81 1-9, 81 3-9,
 83, 80 5-9, 81 5-9, 82 3-9, 81 8-9.
 Rush Medical College, Ill..(1881) 75 3-9;
 (1897) 77 4-9; (1899) 77 7-9.
 University of Basel, Switz-
 erland (1896) 80 2-9
 Jefferson Medical College,
 Pa. (1903) 83
 University of Leipsic, Ger-
 many (1900) 80 8-9
 Northwestern University,
 Ill. (1897) 83 4-9
 University of Denmark....(1904) 80 4-9;
 (1902) 78 5-9.
 Albany Medical College,
 N. Y. (1895) 82 2-9
 California Medical College. (1904) 80 2-9
 Wooster University, Ohio..(1880) 77 5-9
 University of Minnesota... (1901) 82 8-9
 Long Island College Hos-
 pital, N. Y. (1899) 79 4-9
 College of Physicians and
 Surgeons, Ill. (1896) 76 7-9
 Trinity University, Can....(1901) 80 1-9
 Conditioned—
 Cooper Medical College,
 Cal. (1902) 77 5-9;
 (1903) 78 5-9; (1904) 83 3-9, 81.
 College of Physicians and
 Surgeons, Cal. (1904) 75 8-9
 California Medical College..(1904) 76
 Chicago Homeopathic Med-
 ical College, Ill..... (1904) 75 2-9
 University of Texas..... (1896) 76 2-9
 Harvard University Med-
 ical School, Mass..... (1903) 80 2-9
 Creighton Medical College,
 Neb. (1904) 80 6-9
 Failed—
 California Medical College..(1904) 70 2-9
 Cooper Medical College,
 Cal. (1904) 63, 74 1-9, 72
 College of Physicians and
 Surgeons, Cal. (1902) 66 3-9,
 *66; (1904) 67 6-9, 74 1-9, 74 2-9, 73,
 69 8-9, 59 7-9, 73.
 University of California,
 Medical Department (1904) 72
 Central College of Phy-
 sicians and Surgeons,
 Ind. (1886) 61 8-9
 Rush Medical College, Ill..(1880) 70 8-9
 Laval University, Canada..(1900) 67
 Northwestern University,
 Ill. (1904) 72 2-9

Dartmouth Medical College, N. H. (1900) 70 2-9
 Tulane University, La. (1895) 73 5-9
 National University, D. C. (1887) 42 7-9
 Starling Medical College, Ohio (1903) 65 2-9
 Escola Med. Cir. de Lisbon, Portugal (1896) 68 1-9
 Maine Medical College, Ohio (1904) 72 7-9
 University of Minnesota... (1901) 67 1-9
 Hahnemann Medical College, Cal. (1903) 67 8-9

Passed, 67; conditioned, 10; failed, 26.

Of the graduates of California schools, 94 seem to have come before the board in these two examinations. The results are as follows:

Cooper College—Passed, 27; conditioned, 4; failed, 3.

College of Physicians and Surgeons—Passed, 8; conditioned, 2; failed, 9.

University of California—Passed, 15; conditioned, 0; failed, 1.

University of Southern California—Passed, 14; conditioned, 8; failed, 3.
 —*California State Journal of Medicine.*

EXAMINATION QUESTIONS GIVEN BY THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA AT LOS ANGELES, JULY 12, 13, 14, 1904.

SURGERY.

E. C. Buell, M.D., Examiner.

1. What is an abscess? Give treatment.
2. What is pyemia? Septicemia?
3. Describe the dislocations of the head of the humerus, and reduce one.
4. How would you recognize retention of urine and how treat?
5. Give treatment of acute intestinal obstruction.
6. Give diagnostic points of hip-joint disease.
7. Diagnose and treat a Colles fracture.
8. Define, give causes and treatment of stricture of the urethra.
9. When is operative interference advisable in the treatment of malignant tumors?
10. Give signs and operative procedure for strangulated inguinal hernia.

PATHOLOGY.

F. Dudley Tait, M.D., Examiner.

1. Describe the lymphatic involvement in an advanced case of carcinoma of the cervix uteri.

2. How would you demonstrate the tubercular character of a pleural effusion?
3. Enumerate the causes of splenomegaly.
4. Define spondylitis; describe its lesions, and give its causes.
5. Enumerate the varieties of renal tumors.
6. Describe the lesions in oesophageal carcinoma.
7. In what conditions may glycosuria occur?
8. Examination of X-ray plates.
9. Examination of pathologic specimens.
10. Examination of microscopic sections.

ANATOMY.

L. A. Perce, M.D., Examiner.

Answer any ten questions, but no more.

1. Describe the shoulder joint.
2. Name the ligaments of the knee joint.
3. Name the first layer of muscles of the back, and give action of each.
4. Name the muscles of the abdomen from without in.
5. Describe the heart, giving its position, size and weight.
6. Describe the radial artery, naming its branches.
7. Describe the azygos veins. Why are they so called?
8. Give number of pairs of spinal nerves, with their proper grouping.
9. Name the tunics, and humors of the eye, giving their relative positions.
10. Describe and bound the ischio-rectal fossa.
11. What structures are divided in doing an operation for lateral lithotomy.
12. Describe the human ear and enumerate the divisions.
13. Describe the bladder, and tell what holds it in position.
14. Describe the pancreas, giving blood and nerve supply.
15. Name the special points of interest of the female perineum.

OBSTETRICS.

W. S. Thorne, M.D., Examiner.

1. What do you understand by "face presentation?"
2. Describe the mechanism of left mento-anterior presentation.
3. In mento-posterior position how would you proceed?
4. Under what circumstances would you employ podalic version rather than cephalic version?
5. Enumerate the varieties of placenta praevia. How would you proceed in the presence of placenta praevia, with abundant hemorrhage, at term?
6. What symptoms warrant the diagnosis of puerperal septicemia in the lying-in woman?
7. In the flat kyphotic pelvis, what changes are observed in the diameters of brim and outlet?

8. Enumerate four (4) probable causes of renal disturbance during the puerperal state.
9. Enumerate and describe the situation of the sutures and fontanelles of the foetal head.
10. Describe the varieties of extra-uterine foetation. Give method of procedure in any one variety.

CHEMISTRY AND TOXICOLOGY.

F. M. Pottenger, M.D., Examiner.

Applicant will answer ten questions only.

1. What is meant by an element? Atom? Molecule? Atomic weight? Valence?
2. Write the formula for a molecule of each: potassium iodid, sodium chlorid, peroxid of hydrogen, sodium carbonate, sodium bicarbonate, silver nitrate, hydrochloric acid, ethyl alcohol, sulphuric ether, chloroform.
3. What is an acid? A base? What is formed by the union of an acid and base?
4. Name some properties by which acids are distinguished. Bases.
5. Define efflorescence and deliquescence, and give examples of each.
6. Give the principal elements of air and the proportions in which they are found. What proportion of CO₂ in the air is considered harmful? What symptoms are caused, when it is found in excess?
7. What do you understand by the term hydro-carbon? Name five hydro-carbons used in medicine.
8. What is the chemical antidote for poisoning by arsenic? Carbolic acid? Give method of preparing former.
9. How would you treat a case of poisoning by strong acids? By caustic alkalies?
10. To what is the antiseptic action of peroxid of hydrogen supposed to be due? Iodoform?
11. What are the principal elements which compose the human body? Name some of the compounds which they form.
12. How would you determine HCL in gastric juice?
13. What is meant by specific gravity? What is the normal specific gravity of the urine? Name some conditions accompanied by high specific gravity. Some by low.
14. Give names and origin of two inorganic substances found in normal urine. Give three abnormal substances found in the urine, and test for each.
15. What is rochelle salts? Salamoniac? Salvolatile? Saltpeter? Sweet precipitate? Sweet spirits of niter? Aqua fortis? Black wash? Blue-stone? Lunar caustic?

BACTERIOLOGY.

F. Dudley Tait, M.D., Examiner.

1. Discuss the rationale and practical value of the Widal reaction.

2. Describe and differentiate the smegma bacillus.
3. What is tuberculin? Describe the tuberculin reaction.
4. What micro-organisms may be found in—1st, osteomyelitis; 2nd, furuncle; 3rd, acute inguinal adenitis?
5. What is antitetanic serum, and how is it used?
6. What micro-organisms may be found in infectious endocarditis?
7. Describe a reliable (non-chemical) mode of sterilizing catgut.
8. State the composition and use of Gram's solution.
9. Diagnosis of cultures.
10. Examination of microscopic specimens.

PHYSIOLOGY.

Charles L. Tisdale, M.D., Examiner.

1. What is the chief function of the pancreatic juice?
2. Give the function of the anterior and posterior roots of the spinal nerves.
3. Describe bile, its secretion and functions.
4. What are the causes of the heart sounds?
5. What is the quantity of blood in the human body?
6. What is the function of the sixth cranial nerve?
7. What changes take place in the blood during respiration.
8. Describe the kidneys.
9. Name the principal divisions of the brain.
10. Name the cavities of the heart, the openings and valves.

ECLECTIC, MATERIA MEDICA.

L. A. Perce, M.D., Examiner.

1. Give indications for convallaria, cactus, strophanthus and digitalis.
2. Give the medical properties of asclepias.
3. Define alternatives, tonics, diuretics, antispasmodics, epispastics.
4. What are the chief antidotes for toxic effect of carbolic acid?
5. In what conditions would you prescribe dioscorea, and what dose?
6. Select a group of symptoms calling for macrotys, gelsemium and bryonia.
7. What form of medicine do you prefer for general bedside administration, and what media?
8. What do you understand by the term specific therapeutics?
9. What is the usual dose of most poisonous tinctures, dilute acids and infusions?
10. Write not less than twenty lines on the subject of dispensing medicines.

ECLECTIC, PRACTICE OF MEDICINE.

L. A. Perce, M.D., Examiner.

1. Define neurasthenia, and advise a general treatment.
2. How would you treat a case of poisoning by strychnia?

3. How would you treat a case of conjunctivitis, and what complications would you especially look for?
4. How would you treat asthma?
5. Diagnose acute laryngitis and give treatment.
6. Diagnose acute pleurisy, and how would you treat it?
7. Diagnose and treat an acute inflammation.

8. How would you recognize and treat quinsy?
9. In a given case, tongue white, intestinal tract gaseous, constipation, skin sallow, what would you give, and why?
10. Eyes dull, pupil dilated, child inclined to drowsiness, what is the remedy, and in what dose?

—Los Angeles Journal of Eclectic Medicine, August, 1904.

BOOK REVIEWS.

We have received No. 1, Vol. I of the *Los Angeles Journal of Eclectic Medicine*. It is a very neat and creditable publication, and we are glad to see this additional evidence that Los Angeles has become a great medical center.

We have received a reprint from the author, Dr. Edward O. Otis, of Boston, entitled "The Significance of the Tuberculosis Crusade and Its Future." It is a timely and comprehensive paper, and we have no doubt that any physician who is particularly interested in the subject could get a copy by writing the author.

We have received from the eminent surgeon, Dr. David W. Cheever, of Boston, a reprint of his paper on "Privileged Medical Communications," from which we quoted very freely some months ago.

MODERN OPHTHALMOLOGY. A PRACTICAL Treatise on the Anatomy, Physiology, and Diseases of the Eye. By James Moore Ball, M.D., Professor of Ophthalmology in the St. Louis College of Physicians and Surgeons. With 417 illustrations in the text and numerous figures on 21 colored plates, nearly all original. 820 pages, extra large royal octavo. Price, extra cloth, \$7.00, net; half-morocco, \$8.50, net. F. A. Davis Company, publishers, 1914-16 Cherry Street, Philadelphia.

A well printed and profusely illustrated volume, containing the latest things in ophthalmic literature—for instance, the methods of locating foreign bodies in the eye by the X-ray. The

colored plates are particularly well colored and add much to the comprehensiveness of the text. The subject matter is well presented.

VON BERGMANN'S SURGERY. A SYSTEM of Practical Surgery. By Drs. E. von Bergmann of Berlin, P. von Bruns of Tübingen and J. von Mikulicz of Breslau. Edited by William T. Bull, M.D., Professor of Surgery in the College of Physicians and Surgeons (Columbia University,) New York. To be complete in five imperial octavo volumes, containing over 4000 pages, 1600 engravings and 110 full-page plates in colors and monochrome. Sold by subscription only. Per volume, net, cloth, \$6.00; leather, \$7.00; half-morocco, \$8.50. Volume IV just ready; 757 pages, 345 engravings, 16 plates. Lea Brothers & Co., publishers, Philadelphia and New York, 1904.

The fourth volume of this comprehensive work is now before us, and it maintains the same high standard that was so apparent in the previous issues. This volume covers the immensely important subject of the whole alimentary tract, including hernia. The regional and systematic division of subjects into volumes adopted for this work simplifies and facilitates consultation. Within a few months the fifth and final volume will appear. Dr. Wm. T. Bull, the great New York surgeon, is the American editor, and he well says that this work is encyclopedic, and that the great value of the work lies in its practical and clinical character. The publication of these five volumes of 4,000 pages with 1,600 engravings and 110 colored plates in less than a year is characteristic of the American publishers.

THE DOCTOR'S RED LAMP: A BOOK OF Short stories Concerning the Doctor's Daily Life. Selected by Charles Wells Moulton. 1904. The Saalfeld Publishing Co., Chicago, Akron, O., and New York. Silk cloth, gilt top, deckle edge, each \$2.50; half-morocco, gilt top, deckle edge, each \$4.00.

"The Doctor's Recreation Series," of which this is one volume, will consist of twelve octavo volumes, averaging four hundred pages each.

The publishers, in presenting this series, propose to furnish for the medical profession one of their favorite prescriptions, namely, "Rest and Relaxation." The authors represented in this volume include the well-known names of Conan Doyle, Ian Maclaren, Mrs. Oliphant and others.

RADIOTHERAPY, PHOTOTHERAPY AND HIGH FREQUENCY CURRENTS. The Medical and Surgical Applications of Radiology in Diagnosis and Treatment. By Charles Warrenne Allen, M.D., Professor of Dermatology in the New York Post-Graduate Medical School. Octavo, 618 pages, 131 engravings and 27 plates. Cloth, \$4.50, net. Lea Brothers & Co., publishers, Philadelphia and New York.

This work is one of the pioneer, comprehensive volumes in a new line of medical literature. Radiotherapy and Phototherapy are new factors in therapeutics, and it is very important that we should have accurate knowledge, such as is presented in this volume. Ample information is given upon the physical, as well as the technical, side to equip the reader for the selection and management of appliances. The author has evidently made an earnest endeavor to enable his readers to secure for their patients prompt and permanent benefit. Much attention is given to questions of diagnosis and treatment. Cautionary directions are carefully given and exact instructions for the determination and measurement of dosage.

The chapter on Radium and that on the Action of Light on Bacteria are both interesting and valuable.

HEALTH AND DISEASE IN RELATION TO MARRIAGE AND THE MARRIED STATE. A Manual Contributed to by Privatdozent Dr. Med. G. Abelsdorff, Privatdozent Dr. Med. L. Blumreich, Privatdozent Dr. Phil. R. Eberstadt, Geh. Med.-Rat Prof. Dr. T. Eulenburg, Geh. Med.-Rat Prof. Dr. P. Furbringer, Hofrat Prof. Dr. Med. M. Gruber, Dr. Med. W. Havelburg, Geh. Med.-Rat Prof. Dr. A. Hoffa, Prof. Dr. Med. et phil. R. Kossmann, Geh. Med.-Rat Prof. Dr. F. Kraus, Dr. Med. R. Ledermann, Med.-Rat Dr. A. Leppmann, Geh. Med.-Rat Prof. Dr. E. V. Leyden, Prof. Dr. Med. E. Mendel, Dr. Med. A. Moll, Geh. Med.-Rat Prof. Dr. A. Neisser, Geh. Med.-Rat Prof. Dr. J. Orth, Dr. Med. S. Placzek, Prof. Dr. Med. et phil. C. Posner, Privatdozent Dr. Med. P. F. Richter, Prof. Dr. Med. H. Rosin, Dr. Med. W. Wolff. Edited by Geh. Medizinairat Prof. Dr. H. Senator and Dr. Med. S. Kaminer. The only authorized translation from the German into the English language, by J. Dulberg, M.D., of Manchester, England. Volume I. Rebman Company, 10 West 23rd Street, New York; Rebman Limited, 129 Shaftesbury Avenue, W. C., London.

The first volume of this handsome and novel work is before us. The subjects that it covers, such as "The Hygienic Significance of Marriage," "Congenital and Inherited Diseases and Predispositions to Disease," "Consanguinity in Marriage," "Climate, Race and Nationality in Relation to Marriage," "Sexual Hygiene in Married Life," "Menstruation, Pregnancy, Child-bed and Lactation in Relation to Marriage," all indicate the line of thought by these greatest authorities. The author says:

"It is idle to entertain the hope that the State and society will ever succeed by regulations, no matter how carefully planned and even if they were so exacting as those demanded by Plato for his best State, to create exclusively ideal marriages, but it is not unreasonable to hope that increased vigilance with regard to the sanitary conditions of marriage will result in the avoidance of a mass of disease and misery and in rendering so many marriages happy that there shall be every justification for Goethe's poetical description of the matrimonial state."

THERAPEUTICAL HINTS.

Dr. J. L. Waffenschmidt of Cincinnati, Ohio, who graduated from Miami Medical College in 1872, writing, says: "My experience with Sanmetto has been pre-eminently satisfactory in all cases of irritable conditions of the urinary organs, and I prescribe it with a feeling of certainty of good results in catarrhal conditions of the pelvic organs and atonic conditions of the sexual glands. In cystitis, spermatorrhea, enuresis and loss of sexual power it is par excellence."

When the menses are suppressed from exposure, or from colds, wet feet, the result of emotional excitement, or febrile conditions, if not complicated with organic change, but by a more passive congestion, aletris cordial rio is a very reliable remedy. It is an emmenagogue, not abortifacient.

A SCOTCH DOCTOR'S OPINION.

—*The Quarterly Journal of Inebriety*, so well and favorably known through the instrumentality of its brilliant and philanthropic editor, T. D. Crothers, A.M., M.D., quotes the following statement in reference to pain relieving remedies from one of Great Britain's noted medical men, Dr. John Stewart Norvell, resident surgeon, Royal Infirmary, Edinburgh: "Antikamnia Tablets are a remedy for almost every kind of pain, particularly for headaches, neuralgias and neuroses due to irregularities of menstruation. They act with wonderful promptness; the dosage is small, two tablets. The undesirable after-effects so commonly attending the use of other coal-tar analgesics are entirely absent and they can therefore be safely put into the hands of patients for use without the personal supervision of the physician."

TREATMENT OF CHRONIC ULCER OF THE LEG OF LONG STANDING.—By Horatio W. A. Cowan, M. B., C. M. Aberd.—At the beginning of the present year I was called to a woman, aged 54 years, who had a chronic sloughing ulcer for 22 years situated on the outside of the left leg, some ten inches long and three inches wide, with indurated edges and some thrombosis of the veins of the inside of the knee. Having first cleansed the ulcer with charcoal poultices for two days, I applied wet butter cloth and then spread Antiphlogistine over it, after which cotton wool and a bandage were put on. This was done every day by the patient's friends for four months. The ulcer is now quite healed over and the induration is all gone. She is able to resume her ordinary housework. I publish this case in the hope that it might be useful to others, as Unna's paste and all sorts of methods had been previously tried. I may say that I have no personal interest in Antiphlogistine. —From *The Lancet*, London, Eng., July 2, 1904.

SOMETHING TO CONSIDER.—

After many trials of a remedy that has previously given you satisfaction, have you ever experienced a time when results seemed to fail? You evidently thought your old stand-by had lost its efficacy, when in reality, if upon investigation, you will many times find that your patient is taking a worthless substitute and not the genuine product. Dysmenorrhœa, that most painful affliction of women, readily responds to treatment with Hayden's Viburnum Compound, and as this well-known remedy is always uniform in composition, uniform good results follow its administration.

All reputable products are imitated,

which is the best evidence of the value of the original preparation; therefore, where pain is manifest, it is important that the genuine Hayden's Viburnum Compound be administered.

The most conspicuous symptoms of hay fever are a burning and itching sensation in the nasal region and between the eyes; violent paroxysms of sneezing, a copious discharge of serum and liquid mucus from the nasal passages, profuse lacrimation, now and then febrile manifestations, frontal headache, and in not a few cases some asthma. The diagnosis having been established, the subject of prevention and treatment is of the utmost importance. It would be utterly useless and wearisome to attempt to review the list of remedies and the methods of treatment that have been proposed for this disorder. The interests of physicians and patients will best be served by a recital of facts respecting the most successful mode of treatment known at this time. A glance at the list of symptoms and a brief consideration of the pathology of hay fever lead to the immediate conclusion that the chief indications are to check the discharge, allay the irritation that gives rise to the paroxysms of sneezing, reduce the turgescence of the nasal mucosa and relieve the stenosis. The only single remedy that meets these indications is Adrenalin as represented in Solution Adrenalin Chloride and Adrenalin Inhalant. By stimulating the vasomotor supply it contracts the arterioles, and thus promptly and efficiently relieves all the annoying symptoms referable to vasomotor paralysis. By its powerful astringent action upon the mucous membrane, which it blanches completely in a few moments, it controls symptoms referable to a catarrhal inflammation of that structure. Indeed, the results that have been accomplished with Adrenalin in this field alone are

really remarkable and of the utmost importance. Parke, Davis & Co., who market Solution Adrenalin Chloride and Adrenalin Inhalant, have prepared a very complete treatise on the topic, which contains more information than is to be found in the average text-book. They will cheerfully mail a copy of the booklet to any physician applying for it.

The article by Dr. R. W. Hastings of Boston, entitled, "A Clinical Study of the Bacillus Dysenteriae in Boston and Vicinity," shows that those children who developed ileo-colitis while upon Eskay's Albumenized Food were amongst the very few which came under his notice who entirely recovered. This shows how perfectly the organism of the youngest infant is nourished when Eskay's is used as a modifier of cow's milk.

PASSIFLORA. — Daniel's Conct. Tinct. Passiflora Incarnata is prepared from the green vines, fruit and leaves of the May-pop, or Passion Flower, whose medicinal properties have been recognized and used since the pioneers found the Indians of the Southern States eating the ripe fruit to produce sound slumber. Daniel's Passiflora, containing in the highest and truest form, the real essence of the May-pop, has the power of relieving the diseases of the nervous system, of eliminating all waste material, and of toning the nerves to a normal state. Passiflora is indispensable in the treatment of Hysteria, Epilepsy, Sleeplessness and wherever a calmative is indicated.

Dr. Alexander Rixa, of New York City, "Medical Summary" for January, 1904, reports most successful effects of Glycozone in tablespoonful doses, in ptomaine poisoning. By noticing the daily papers, the profession realizes that cases of ptomaine poisoning are becom-

ing more and more frequent, and it is well to bear in mind this valuable remedy.

IRREGULAR MENSTRUATION.—

Dr. E. C. Willie of Louisville, Ky., in the *Southern Practitioner* for July, 1902, has an article on irregular menstruation, and in treatment for which he says:

"The term amenorrhea is used to mean the total absence of the menstrual discharge, or a marked deficiency in the quantity of the flow. Amenorrhea may be physiological or pathological. During pregnancy the absence of the menstrual discharge is, of course, physiological and demands no consideration in this article. When pathological, the causes of amenorrhea may be said in general to be due to the following:

"(1.) Taking cold, at or near the menstrual epoch. (2.) Severe mental perturbation, as fright, sorrow, or great elation of spirit. (3.) It may be symptomatic in several affections, as tuberculosis, anaemia, chlorosis, syphilis, typhoid fever, nephritis, pelvic peritonitis, and other morbid conditions. (4.) Obesity. (5.) Luxurious life, or overtaxing the nervous system. (6.) Stenosis or atresia of the cervical canal, or imperfect development of the tubes; ovaries or uterus. (7.) Vicarious menstruation may make the condition obscure, there being a discharge at the regular monthly periods from the nose, lungs, bladder, stomach, nipple or other part.

"The treatment must, in a word, comprehend attention to general considerations, and special indications must be remembered in the various expressions of amenorrhea.

"The treatment must, in a word, comprehend remedies and measures which are indicated by the etiological factors present in every case which comes up for treatment. When the amenorrhea is

caused by having contracted cold, the patient should have a warm sitz bath, and hot applications should be applied to the abdomen and thighs. Often a hot vaginal injection will serve a most useful purpose, and a laxative, preferably a saline, will greatly aid in bringing on the flow.

"In amenorrhea, delayed menstruation and dysmenorrhea, Ergoapiol (Smith) has acted in my hands in a most satisfactory manner. In scanty menstruation, I found it particularly valuable, and I shall enter in detail about one of a series of cases of this character, later on in this article, where this agent brought on a full menstruation and the general health of the patient began to improve at once. When mental perturbation is a factor in these cases it is manifestly the duty of the physician to have the environments of the patient made as quiet as possible, and anti-spasmodic or nerve sedatives should be added to the treatment."

CHOREA AND ANEMIA.—Dr. Roshier W. Miller, lecturer on nervous and mental diseases, in the University College of Medicine, Richmond, Va., in the *Virginia Medical Semi-Monthly*, May 13th, 1904, has a paper on chorea and anemia. In the course of this paper, he says:

"In the etiology of chorea, nothing is noted relative to anemia. It is simply accounted as an accompanying symptom of the condition. Medical literature emphasizes the relation between rheumatism and chorea, with anemia as an important symptom. After observation of several cases, I am strongly of opinion, however, that anemia as a causative factor is worthy of investigation.

"Anemia of toxic origin presents pathological conditions which favor the production of choreic affections. It is true that simple anemia is, as a rule, of secondary origin, and, viewed in this

light, it may be argued that if chorea arises, it is the result of the primary and not of the secondary conditions—thus agreeing with the admitted etiology. This argument, however, will not satisfactorily explain those cases of chorea which arise remotely from the primary condition, but recently from the secondary effects."

And then reports several cases in which he found the use of peptomangan (Gude) most efficient.

In one of the cases, Dr. Miller says: "The irritability of the stomach in this case was so pronounced that I did not deem it wise to give nourishment—not to speak of medicine—by the stomach. During the first four days rectal alimentation was employed. A nutritive anema, consisting of four ounces of peptonized milk and two drams of pepto-mangan (Gude,) was given every six hours. Small amounts of peptonoids with creosote on ice were given by the stomach. Egg albumin was taken in all the water she drank. After four days, the stomach was tested with small amounts of milk and pepto-mangan (Gude.) Beginning with four ounces of milk and one dram of pepto-mangan (Gude) every four hours, the amounts of each were rapidly increased, until after three days the patient was taking eight ounces of milk every two hours and four drams of pepto-mangan (Gude) three times a day. This diet, plus three raw eggs a day, together with the above treatment, was all that was employed for six weeks. The blood examination at this time showed a highly gratifying condition—the red cells being present to the extent of 4,100,000 per c. m. The bloom of youth once more tinted the cheek, and the shrine of St. Vitas lost a visitor."

Acetozone, owing to its extremely germicidal action on the organisms found in the alimentary canal, has been proven to be the most effectual cure of summer diarrhoea.

The *Interstate Medical Journal* for April, 1904, especially recommends Respiton in doses of a teaspoonful in a glass of hot water every two hours, in colds, pneumonia, chronic bronchitis and chronic kidney disease. Respiton is a remarkable remedy in faulty elimination, especially when connected with la grippe and colds.

FORMALDEHYDE, METHODS OF USE.

Formaldehyde is a gas found in the market in an aqueous solution containing 40 per cent. of available formaldehyde gas. Its application is carried out according to the following methods:

(1.) In generating the formaldehyde gas with the aid of a generator; 10 ounces of 40 per cent. formaldehyde are sufficient for the disinfection of 1000 cubic feet of space, the gases being allowed to remain in the premises from two to three hours; a thorough disinfection is insured, due to the fact that the formaldehyde gases are somewhat lighter than air, and, therefore, penetrate every corner of the premises.

(2.) By the use of a spraying apparatus containing a solution of two parts of 40 per cent. formaldehyde to 100 parts of water (formaldehyde is easily miscible with water.) This method recommends itself by the simpleness of its application.

(3.) In saturating a sheet put up in the premises to be disinfected, with a solution of 15 ounces of 40 per cent. formaldehyde to 1000 cubic feet.

(4.) Another method of disinfecting, is to have the floors, cellars, etc., washed with a solution of one part of 40 per cent. formaldehyde to 100 parts of water. This method is particularly recommended for factories where moisture is liable to collect on the walls. In this connection, it should be stated that formaldehyde has the characteristic of removing all odors in cellars, rooms, etc., due to its property of forming a chemical compound with nitrogenous products of decay and fermentation.

Mention may be made that goods perishable through the action of bacteria and microbes remain in their original state when exposed to the action of formaldehyde gas.

WHAT IS ITS COST?—Formaldehyde 40 per cent. is packed in barrels, (especially prepared for its safe transportation,) containing net 375 pounds, and in carboys (regular acid carboys) charged extra, but returnable, weighing net 100 pounds; it is sold according to quantity from 15c. to 25c. per pound, therefore the thorough disinfection of a space of 1000 cubic feet with a solution containing 10 ounces of 40 per cent. Vol. Formaldehyde, costs less than 15c., a figure hardly imaginable, taking into consideration the results obtained, which are well recognized and approved by the highest authorities in the medical world.

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DR. WALTER LINDLEY, Editor.
DR. F. M. POTTENGER, Asst. Editor.
DR. H. BERT ELLIS, Associate Editors.
DR. GEO. L. COLE

CHOREA.*

BY H. G. BRAINERD, A. B., M. D., LOS ANGELES, PROFESSOR OF DISEASES OF THE MIND
AND NERVOUS SYSTEM, MEDICAL COLLEGE OF THE UNIVERSITY OF
SOUTHERN CALIFORNIA.

The unusual frequency with which I have met cases of chorea in the past fifteen months has led me to hope that the discussion of that disease this afternoon might prove mutually profitable.

The word *chorea*, from Greek origin, meaning to dance, has been applied to a number of diseased conditions, but I shall confine my paper this afternoon to the discussion of the form known as Sydenham's, or ordinary chorea, only incidentally dealing with the other rarer conditions. The disease has been recognized under the various names of St. Vitus and St. Anthony's dance, long before the time of Sydenham, who first gave us a clear and accurate description of the disease.

It is practically a disease of childhood, the first attack occurring most frequently from eight to twelve years of age, while recurrences not infrequently take place after puberty, and are especially liable to recur in primipara. Practically no age is exempt from some form of chorea. The chorea develop-

ing in middle age, quite uniformly belongs to what is known as Huntington's, or hereditary, chorea, in which there is a family history of chorea appearing through successive generations, developing about middle life, more frequently among males than females, and terminating usually in insanity. The chorea of old age, in the cases coming under my observation, has been a most serious affair, accompanied with high temperature, great mental disturbance and early death from exhaustion, but mild cases which recover are reported. Both of these forms evidently have a different etiology and pathology from that of Sydenham's chorea.

In my experience, which is the same as that of much more extensive observers, girls are three times as liable to develop the disease as boys. Like paresis, it is seldom found in the negro. It is said not to be more frequent in high altitudes, but it is much more likely to be prolonged after it is once developed in cases occurring in the high al-

Read before the Foothills Medical Society, Riverside, California.

titudes. All the patients which I have treated who have come to me from a distance, have been from the high altitudes of Arizona, New Mexico and Colorado.

In statistics compiled in Great Britain and in the larger cities of the eastern part of our own country, it is found that the disease is much more prevalent during the spring and early summer months, diminishing in frequency during the fall and winter. In the thirty cases which I have seen in the last few months, a larger number occurred during the fall months of September, October and November than at any other time. I believe, however, that it was a mere coincidence and not due to climatic conditions prevailing at that time.

Little is definitely known in regard to the etiology or pathology of this disease. Authors estimate that rheumatism or something resembling rheumatism, is a cause or an associate of from 12 to 33 per cent. of all cases of chorea. There certainly seems to be no casual relation between it and the acute infectious diseases, so far as can be determined. Fright has seemed to be the exciting cause in quite a per cent. of the cases, as has also slight traumatism. By a number of authors it is claimed that reflex peripheral irritation, such as nasal or ocular or preputial and intestinal irritation from intestinal parasites, has seemed to be the cause in a number of cases. It is a serious question, however, in my mind, if the cases occurring from such causes are truly Sydenham's chorea. I believe that they should be classified as cases of habit chorea or habit spasm, but undoubtedly peripheral irritations prolong the attack and may, in some cases, cause a chronic choreic condition.

Great mental stress, such as comes from overwork in the school-room and rigid examinations, is believed by many to be a potent predisposing cause of the

disease. The statistics, as collected by Starr, showing that the greatest number of cases did not occur in May and June, the time of school examinations in those cities from which he gathered his statistics, would seem to indicate that it was not a potent factor.

One third of all first cases recur, and are likely to recur at the same time of the year as the first attack. The first pregnancy is especially likely to cause such recurrence. With the exception of puerperal chorea, first attacks or recurrences are not likely to take place after puberty is thoroughly established.

Chorea seems to be a self-limited disease, the duration under favorable circumstances usually being less than three months, but in unusually severe cases or in unfavorable conditions, it may last much longer, going on with periods of remissions and exacerbations for several years, sometimes with an ultimate recovery, and, again, ending in chronic chorea.

The most striking symptom of the disease, and which gives rise to its name, are the peculiar spasmodic movements, limited frequently at the beginning of the attack and sometimes throughout its course, to one or more groups of muscles about the face or the upper extremities and usually gradually extending to the whole muscular system. In addition to these symptoms, we find usually there is a marked disturbance of speech, the utterances being jerky and disconnected, in some cases amounting to almost complete aphasia. The countenance usually shows a stupid expression, there being a lack of tone in all the muscles of expression, and not alone is there the expression of stupidity, but there is great mental deterioration. This varies in degree from simple dulling of the faculties to a condition of profound dementia. There is marked loss of strength; the respiration is usually irregular and jerky, and there

is almost always some cardiac disturbance, either irregularity or actual murmurs. These heart murmurs, developing during the chorea, usually disappear with convalescence from the disease. Convulsions never occur in uncomplicated cases. Tendon reflexes are unchanged in a considerable number of cases. Very rarely are they exaggerated, and in many cases they are diminished or lost. Absence of the knee-jerk occurred in something over one-fourth of my cases. Trophic disturbances are not frequent. The skin is usually dry and rough, and it has been noted that bruises and wounds, which the patients are especially liable to receive, do not heal as readily as in the normal condition. In quite a large proportion of cases during the prodromal or earlier part of the disease, the patient complains of pains in the muscles of a rheumatic character, and though there is great loss of strength, the patient rarely complains of a feeling of exhaustion. Ordinarily there is no increase of temperature.

The prognosis is usually favorable. Much elevation of temperature and great violence of the movements, together with marked delirium, are unfavorable. I would, in this connection, say that delirium in those cases which have come under my observation has been accompanied with unpleasant hallucinations of sight and hearing, with delusions based upon the same of very much the same character as found in delirium tremens.

The pathology of chorea is still undetermined. Few cases die and still fewer come to an autopsy. Most of the cases of autopsy with choreic symptoms have not been those of uncomplicated chorea. Some hold that the pathology of chorea is practically the pathology of rheumatism. Hughlings Jackson's theory was accepted for a considerable time. His theory was that it was due

to multiple emboli in the brain from endocardial vegetations, but the absence of any cardiac trouble and the failure to find emboli in most of the recorded autopsies, the prompt and complete recovery, both mentally and physically of the great majority of cases, would preclude gross changes, such as emboli as the underlying lesion in chorea. The mental impairment, the limitations of movements oftentimes to one side of the body and occasionally to limited groups of muscles, the presence of movements closely resembling chorea in cases where the autopsies have shown gross lesions of the brain, point to the brain as the seat of the lesion. The large number of cases that show rheumatism or endocardial symptoms suggest that the cause may be closely allied to rheumatism (whatever that is); as in rheumatism, sometimes the joints and again the heart or oftentimes both are attacked, it seems to me not improbable that it may be some type of rheumatism which has a special predilection for the cerebral-cortex, but involving also at times the endocardium, joints and muscles.

Recently the theory of microbic infection has gained ground under the stimulus of the investigations of Donkin, Hobb, Richter, Berkeley and Dana. Several have found bacteria in the blood or other portions of the human body but no one form of bacteria has been found in any number of cases.

The theory which seems best to explain all the conditions is that the cause is a cerebral irritant, probably circulating in the blood and which usually disappears in the course of a few weeks but which may be so long continued as to cause structural changes.

The diagnosis of chorea is not usually difficult. The history that recently the child has become irritable, peevish and dull and drops dishes at the table, together with the peculiar jerky motions

which cease during sleep, the dull, listless expression of countenance, the inability of the patient to keep the hand and arm extended without frequent jerky movements of the fingers or hand, present a picture which is easily recognized. The further finding of anemia, muscular weakness, pains through the limbs, lost or diminished kneejerks and cardiac murmurs, make it unmistakable. It is differentiated from the athetosis found in infantile hemiplegia or diplegia by the history of paralysis dating from infancy, from habit chorea, or more properly habit spasm, by the limitation in the latter of the movements to certain groups of muscles, usually of the face and shoulder, and the regularity in the sequence of these movements, together with the absence of all the symptoms except those of motion. It is differentiated from disseminated sclerosis in that the age in the latter is usually much greater than in chorea; the jerky movements are excited by voluntary movements and do not occur while the limbs are at rest. In addition, in sclerosis we have a spastic gait, great increase in all the reflexes, the Babinski phenomenon and mystagmus, and it is chronic disease.

In the treatment of chorea, as might be expected from lack of knowledge of its etiology and pathology, there have been a multitude of remedies advised, from the worshipping at the shrine of the special saints St. Vitus, St. Anthony and St. John, in the middle ages, to osteopathy in our own time, and nearly as many drugs have been recommended as for epilepsy, but there are only a few in which there is any uniformity of belief as to their efficacy. Without burdening you with the long list of drugs, I will briefly relate my line of treatment. If there is a history of much rheumatic pain, I prescribe a brief course of salicylates, and if the movements are so pronounced as to interfere with the rest of the child, I

give at the same time antipyrin, one-half grain for each year of the child's age, three or four times in the twenty-four hours. I urge a light, easily-digested diet, composed largely of milk, eggs, fruits and cereals, and if necessary, a saline laxative. I advise that the child should be allowed to remain until the middle of the forenoon in bed, having its breakfast served in bed, that it may then be allowed to be up and in the open air with very moderate exercise till after lunch, when it should again return to the bed or lounge for a good share of the afternoon, to again sit up for a light supper, soon after to retire for the night. We advise a tepid bath in the tub, with gentle stroking of the arms and legs by the nurse, every other night. If the patient does not do well under this *regime*, we insist on the child's staying in bed all of the time. And in some cases where the movements of the child are very violent, preventing sleep and exhausting the patient, we put them in a bed, the sides, headboard and foot of which are protected by pillows or other padding and resort to hypnotics—hyoscyamin or chloral—to quiet the movements. Ordinarily, however, we have found the antipyrin to be amply sufficient to control the case without resorting to the more powerful sedatives. Early in the case we start the administration of arsenic. My favorite method of administering it is to dilute Fowler's solution with three parts of water and direct from three to ten drops, depending upon the age of the patient, as an initial dose, and increasing one drop at each dose, until the amount has reached in some cases as much as one dram, with directions to promptly discontinue the dose whenever there was any indication of disturbance of the stomach or puffiness of the face. Where there is a marked intolerance of the stomach to any arsenical preparation, I have resorted to cacodylate of sodium

hypodermatically, but this is very objectionable with young children, as the use of the needle causes a great deal of fear on the part of the child, which is certainly very detrimental to its recovery.

Usually these cases are anaemic, and I have found it an advantage to combine with the treatment already outlined, some readily assimilable form of iron. Under the line of treatment which I have outlined, I have rarely seen a case prolonged beyond two months. In some of the cases where the measures adopted had not been productive of very satisfactory results, we

have insisted on the child's remaining in bed throughout the day, with the result that we have not been consulted further in the case, and thought that probably the parents were displeased with such directions, but found, some months later, that the improvement had been so marked and so prompt, that there had been no further cause for consulting us; and of all the remedies suggested, we believe that keeping the child quiet, in a well ventilated room, or better yet, on the porch or on the sands of the seaside, is the most valuable remedial measure.

SURGICAL ANATOMY OF THE INGUINAL CANAL.*

BY CLAUDE W. MURPHY, M.D., LOS ANGELES, PROFESSOR OF ANATOMY IN THE MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

The success of operations for inguinal hernia depends on thorough asepsis, the use of proper suture material and a correct knowledge of the surgical anatomy of the inguinal canal.

Under the skin in the inguinal region is found the superficial fascia, which varies much in thickness in different individuals. There is no deep fascia. When surgeons speak of the necessity of approximating the edges of the deep fascia in a wound of the abdominal wall they mean the aponeuroses of the lateral abdominal muscles. Approximation of fascial wounds is to prevent dead spaces for the accumulation of blood clots. Approximation of the edges of the aponeurotic wounds is to prevent the muscles from drawing the wound lips apart, thus avoiding a hernia.

The front wall of the inguinal canal is the aponeurosis of the external oblique; approximately the outer half of the back wall is only the transversalis fascia, while the inner half is also the internal oblique and transversalis mus-

cles. Poupart's ligament, which is a thickening of the external oblique between the anterior superior spinous process of the ileum and the spines of the pubes, is the floor. The roof is composed of the fibers of the internal oblique and transversalis, which arise from Poupart's ligament, and pass first inward and then downward, to be attached to the crest of the pubes and the ileopectineal line for half an inch, forming the conjoined tendon.

The internal ring is half an inch above the middle of Poupart's ligament. It is the point where the testicle in its descent pushes the transversalis fascia down with it to form one of its coverings. The external ring is a triangular opening, above and to the outside of the crest of the pubes. It is the place where the testicle pushes forward and external oblique's aponeurosis to form one of its coverings.

In operating for hernia, the incision through the skin and fascia should extend from a short distance beyond the

*Read at the Thirty-fourth Annual Meeting of the State Society, Paso Robles, April 19-21, 1904.

internal ring to the upper end of the scrotum. To open up the inguinal canal quickly, neatly and with as little injury to the tissues as possible, lift up the aponeurosis of the external oblique at the outer part of the wound, with two dissecting forceps; make an incision between the forceps large enough to admit the index finger; pass the finger into the canal and out through the external ring. Pass one blade of a scissors on the finger, and with one cut upon the whole canal. Enough aponeurosis of the external oblique must be left attached to Poupart's ligament so that when the deep surface of Poupart's ligament is sewed to the conjoined tendon there will be space enough to sew up the slit in the external oblique. If the conjoined tendon is too weak, then the outer edge of the rectus must be brought in contact with Poupart's ligament.

For a number of years I have examined in my anatomical work the inguinal canals of female cadavers. I have

never failed to find, when the canal was opened, the round ligament. This is always well developed at the internal ring. From my autopsy experience, and from a few Alexander operations I have performed, it seems that, where there are no adhesions, shortening of the round ligaments is the operation for retroversion. The operation, after the uterus is elevated by traction on the round ligaments, is the same as a double Bassini for inguinal hernia with the addition that the round ligament is included in the ligatures that approximate Poupart's ligament and the conjoined tendon.

The ilio-inguinal nerve must not be included in or pressed on by sutures used in operative work in the inguinal canal.

The cremasteric and the infundibuliform fasciae are so thin and so intimately adherent to the hernial sac that they can almost be considered, from a surgical standpoint, a part of the hernial sac.

ELECTRO-HEMOSTASIS—SKENE'S METHOD.*

BY W. R. PRYOR, M.D., NEW YORK CITY.

The celebrated Scotch surgeon, Keith, whose name was particularly associated with the removal of massive abdominal growths, treated the pedicles in the following manner: he grasped them with a powerful crushing-clamp, and by means of a superheated iron, heated this clamp so as not to burn the pedicle, but to cause it to become dry and parchment-like. In order that this might be accomplished, and yet not to apply too much heat, so as to produce a dead tissue, as in an ordinary clamp and cautery operation, he had to exhibit an unusual acquaintance with the details. However, his pupil, Skene of

Brooklyn, became impressed with the thoroughness of the hemostasis which Keith secured, with the absence of pain in the stump, the absence of suppuration, and with the smooth convalescence of the patients, and having seen the complications which arise from the application of ligatures in certain situations, he, with the assistance of a skilled electrician, devised instruments for very simply doing what Keith did by a complicated technique, and with absolute precision.

The vessels to be obliterated are grasped with heavy forceps, very much like the pile clamp; adjacent tissues

*Read before the Clinical Society of the New York Polyclinic Medical School and Hospital, April 4, 1904.

are protected with or by means of a non-conducting shield or gauze pad, and as the clamp compresses the tissues a current of electricity is allowed to run through the clamp, heating it to about 190 degrees. Taking an ordinary ovarian pedicle as an example, a fair compression is secured for one minute; then for another minute, more compression; and then for another minute more still, the instrument being all the while heated by means of electricity to 190 degrees. Upon removal of the clamp the pedicle is found converted into a tissue exactly similar in appearance to catgut, translucent, in thickness only one-eighth the original pedicle, perfectly dry and with the veins, arteries, nerves and muscular fibres all coagulated into one mass, in which one cannot be distinguished from the other. The softer the tissue, the slower should be the compression, and the less the time during which pressure should be applied.

"When my attention was first drawn to this method, a number of years ago, I said that it would open up to the possibilities of the vaginal section certain cases which never had been attempted that way, but I was unwilling to apply to my patients this method of controlling vessels until I had experimented. I therefore secured fresh arteries and sealed them by Skene's method. Upon subjecting them to hydrastatic pressure. I found that it required six times the normal amount of intra-arterial pressure to open up the mouths of the vessels closed in this way; for instance, assuming that the pressure within an ovarian vessel is equal to three pounds, such pressure would have to be eighteen pounds, or greater than the aorta, in order to open the vessel. It is necessary, before applying any of these instruments, to have them thoroughly coated with sterile vaseline, otherwise they stick to the tissues.

"This method of occluding vessels should not be regarded as an absolute substitute for the ligation of large trunks by Wyeth's method of ligation in continuity, with approximation of the inner coats of the vessels without rupture, but it is a substitute for ligation of vessels in certain situations and under certain conditions. We all know the disadvantages of ligating en masse the oedematous and necrotic pedicle of a twisted ovarian tumor, or the broad ligament in an ectopic gestation associated with infection and oedema. We also know the disadvantages of tying off a pus focus, such as gangrenous appendix or pyosalpinx. Again, in tying off certain very fragile pedicles, such as in ectopic gestation or sepsis, we see our ligatures cut through the swollen and friable tissues, producing a disagreeable degree of bleeding. Again, in hemostasis in vesical and rectal polyp, in erectile tissues about the vagina, in the tongue and spleen this method of hemostasis is far superior to any other. It has been found in the abdomen, where it is intended to perform intestinal resection, that two broad lines of absolutely sterile and obliterated gut-ends can be approximated without the escape of a bubble of gas or feces to soil the suture-line; and afterward manipulation with two fingers opens the occluded ends, so as to make a continuous lumen. The twisted pedicle of an ovarian cyst, the infected pedicle of a dermoid cyst, and the highly vascularized pedicle of a pedunculated fibroma may be removed by this method with absolute satisfaction and without the introduction of any suture material.

"In my hands its chief application in operation within the abdomen has been in the performance of my operation of total abdominal extirpation of the cancerous uterus and adnexa, with preliminary hemostasis, produced by ligation of the ovarians, iliacs and obtura-

tors, together with extirpation of the upper third of the vagina. Skene's method of electro-hemostasis is the only procedure by means of which I have ever been able to control bleeding from the erectile tissue about the vagina in this operation.

"It would seem to me an ideal method to apply in extirpation of the gall-bladder at its neck. The removal of the spleen, I believe, can be accomplished by this method with an insignificant mortality because secondary hemorrhage is impossible and much time is saved. I find that my acquaintance with this method of hemostasis enables me to treat all my cases of ectopic gestation through the vagina and without abdominal section. I have yet to meet an ectopic gestation which I cannot so treat, and can conceive of its failure only where the products of conception are too large to pass the vaginal outlet. It has enabled me to remove dermoid cysts through the vagina and all ovarian cysts which were small enough to pass through this canal.

"I will now demonstrate to you upon this living animal this method of controlling bleeding. We will first take the small intestine, which in the dog is many times thicker than in the human being. Assuming that I wish to make a resection of the intestine or that I propose to close the two ends, where resection is to be followed by end-to-end or side-to-side anastomosis, I clamp the gut in two places and turn on the current. I push the clamp to the first notch, and at the expiration of half a minute we see a slight bubbling along the sides of the clamp. The heat produced is not too great for the touch, although it is disagreeable to the fingers. At the expiration, the clamp is pushed down one more clamp, and now the bubbling is quite energetic. After the second minute the clamp is pushed to the third notch, or as far as it will go, and the tissues show the escape of

very little steam, but the structures touching the clamp have become white. In two and one-half minutes the clamp is taken off and the stump inspected. On one side I find that I have not applied sufficient pressure and heat, whereas on the other, the intestine which was grasped with the clamp is converted into a thin ribbon of translucent, parchment-like tissue. I re-apply the clamp for one-half minute to the other side, and the process is complete. Now, with scissors, I cut through these thin ribbons of tissue to see that the gut ends are absolutely closed. Without escape of gas and without escape of feces we have produced two stumps which are bloodless and uncontaminated by intestinal filth and in which you can do such suturing as you see fit.

"The dog is pregnant, nearly to the full term, both cornua being filled with puppies. By manipulation I separate a portion of the uterine muscle and grasp it with the forceps, allowing it to remain on three minutes. I then cut the uterine muscle and you will find absolutely no oozing. The large utero-ovarian artery, which goes to one cornu, I purposely sever, so that you may see it spurt; then I grasp it with the forceps and subject it to heat and pressure for two minutes and it is perfectly dry. Turning the animal over and pulling out the spleen, which in the dog has a head and quite a tail, I grasp it at the point where it is about two inches wide, with the forceps, turn on the current, and by gradually increasing the pressure for one and a half minutes you will notice that this highly vascular organ is, at the point of pressure, converted into a thin sheet of parchment, through which one can almost see. With the scissors I sever this point and no blood escapes. I now take the large bunch of veins in one broad ligament, clamp them, heat them to 100 degrees for one and a half minutes, re-

move the forceps and cut the stump, and no blood escapes.

"Dr. Skene was not content with the results in more than two hundred applications of his method, and by experimentation and the use of the microscope in the hands of an expert microscopist he demonstrated that the pedicle never became infected and that the current in the vessels never became re-established; that, whereas the tissue did become organized, it always remained as a homogeneous mass, in which it was impossible to identify nerves, muscular tissue, mucous membrane and vascular walls. My enthusiasm for this method of hemostasis is more than warranted, I can assure you, for I have applied it in double ovariectomy through the vagina, in the removal of pus sacs, in the removal of septic dermoid cysts, and many, many times in the removal

of ectopic sacs, and in the removal of hemorrhoids and rectal polypi. I have found it to give me some satisfaction in work in the abdomen in the class of cases in which ligation is undesirable, namely, soft tissue, edematous tissue, necrotic tissues and septic foci.

"In transforming the current one may use either a liquid transformer and coil or an ordinary motor transformer; or one may employ a galvanic cautery-battery with the reostat. As to the expense, I have found that I saved in the first four months I had the instruments what my ligature material would have cost me. So far as the patient is concerned, not only is the method superior under the circumstances in which it should be used, to application to ligatures, but the stumps are painless."

THE PHYSIOLOGICAL FUNCTION OF MENSTRUATION AND THE PART PLAYED THEREIN BY THE FALLOPIAN TUBES.*

BY J. RIDDLE GOFFE, M.D., NEW YORK CITY.

The various theories to account for menstruation and an interesting historical sketch were presented. The rut of animals was considered an analogous function to that of menstruation. The process in woman is regarded as analogous to the moulting of birds, the shedding hair and horns by the deer, and the shedding of leaves by a tree. All the processes of life go in circles, determined more or less completely by the environment. All quadrupeds, as well as bipeds, experience a physiological function similar to menstruation, but the secretion does not appear externally in all of them. The appearance of the discharge in bipeds is due simply to posture, gravity being the discharge

to the surface of the body. The same processes go on in quadrupeds, but on account of the position of the uterus it is retained in that organ, reabsorbed through the lymphatics into the blood, and finally consumed in the vital processes or eliminated through the excretory glands. In the native state wild animals experience a rut once a year, but domesticated animals, probably due to their environment and more luxurious care and keeping, experience the phenomena, or analogous phenomena, more frequently. The monkey has been observed to menstruate five times a year, and the cow to have a vaginal discharge at intervals of about three weeks. The monthly recurrence in woman is thought

*Reported from paper read before the Clinical Society of the New York Polyclinic Medical School and Hospital, April 4, 1894.

to be due to her environment, and the result of civilization and its attendant luxuries. Life under these circumstances becomes more artificial; every factor in life is sought as a source of pleasure, and the race becomes more sexually inclined.

Menstruation is usually defined by the best authors as a monthly hemorrhage. The speaker offered the following definition: Menstruation is a frustrated attempt on the part of nature to reproduce an individual of the species. The external sign of this is the menstrual discharge. Its *raison d'être* was described as follows: An ovum is thrown out from the ovary and gradually finds its way toward the uterus. Nature at once begins preparations for its reception; the nervous system becomes exalted to a high degree of functional activity; the blood supply to these parts is increased; the endometrium, which is the soil in which the ovum is to be implanted, becomes turgid, soft and velvety; its epithelial cells swell and multiply, and every preparation is made to nourish the welcome guest and give it a home. If, on its way, the ovum has been fructified it is ready to respond to this bountiful preparation, takes root, and grows. But if the fecundation has failed, the guest is incompetent to receive the hospitality extended and is cast off. The preparations are also

eliminated; the exuberant epithelial cells are exfoliated; the delicate capillaries sweat drops of blood by diapedesis, or burst and discharge their contents; the congested and engorged glands secrete and excrete profusely, and thin mingled mass of epithelial cells, blood and mucus, comes away in the form of menstrual blood.

As a proof that some of the menstrual discharge comes from the Fallopian tubes, two cases occurring in the author's private practice were narrated. Both patients had been subjected to vaginal hysterectomy and in each instance the ovary and tube of one side had been left in situ. In removing the pelvic drain during convalescence, the proximal end of the tube in each case was accidentally dragged down into the vagina and caught in the vaginal scar. These patients both menstruated every month after the operation, and the blood was seen to trickle into the vagina from the open ends of the tubes. These observations were continued for several months, and then, in fear of the possibility of tubal pregnancy, the ends of the tubes were sealed up. Experience in these cases seemed to establish, so far as such observation can, the fact that the tube, at least in the absence of the uterus, actually performs the function of menstruation.

PROSTITUTION.

BY WOODS HUTCHINSON, M. D.

The vital questions of the problem are two in number; first, what class and character of men and women are affected by this institution? and, secondly, in what are they affected? First, as to the women: The almost unanimous testimony of the replies received, as well as of the figures of Du Chatlet in Paris, (a) that ninety per cent. of prostitutes are drawn from the lowest

and most ignorant class of the population; (b) that they are led to this life by the desire for luxury, display and idleness, a purely trade-instinct in fact, and *not* by strong sexual impulses, want, or seduction and desertion; (c) that their average life-time after entering this career is 9.5 years; (d) that during this period they are practically sterile; (e) that very few of them per-

manently reform, and those who do are extremely infertile. Now as to the men. Unlike the women they are drawn from no single class, condition, or age in the community, but from all alike. They are drawn into the vortex by an instinct, it is true, but not a *natural one*—a *perverted one*. It is astonishing how little "passion" there is in the trade on either side. So far from the "hot blood of youth" being chiefly responsible, houses of ill-repute derive two-thirds of their income from married men over forty. In fact the essential "*Leit motif*" of the practice is not the sexual impulse pure and simple, but the desire to indulge that impulse and *escape* its natural and legitimate consequences, conception. And in this respect women are just as much to blame as men. Many a man is driven to the brothel by his own wife. Three sources chiefly feed the reeking stream of prostitution, two of which are best characterized in the phrases, "can't afford to marry," and "don't want to be bothered with children," and the last and chiefest is limiting unduly the size of families. This is the civilized successor of infanticide, and like it, is the racial "sin against the Holy Ghost, which shall not be forgiven."

How are the supporters of this "institution" affected by it? The general impression is, especially in respect to the women, that they are rapidly killed by venereal disease and sexual excess, but upon gathering reliable facts we find the actual mortality from either of these causes decidedly low. Brain-syphilis and locomotor ataxia among the men, and gonorrheal peritonitis among the women, are almost the only actual fatal forms of venereal disease, and when we come to examine the "bogey" of "sexual excess" we are simply astonished to find how few permanently injurious results of any sort are produced by it. What, then, does shorten the life of the prostitute? My

replies were absolutely unanimous upon this point and surprised me greatly. *Every* observer gives *alcohol* the first place, morphine, chloral, and venereal disease come almost together as bad seconds, suicide is fourth, and irregular hours and exposure next. Thus alcohol is found here, as elsewhere, one of the best friends of civilization. It is worth all the police systems and "missions" ever invented for the elimination of the criminal.

But although this vice has so comparatively little direct effect upon the life chances of its patrons, it affects them all with great force and certainty in another respect. It is the most efficient sterilizer. The prostitute, of course, for obvious reasons, seldom bears children during her "active" life, and usually becomes sterile sooner or later by endometritis or salpingitis, before alcohol or premature old age claims her. She seldom "reforms" (thank Heaven), and if she does, bears few children.

Now as to the man. Supposing he is infected with syphilis, what results? Under any circumstances or any treatment he is absolutely sterile for from two to seven years, either by abstinence or by the infection of whatever woman may be unfortunate enough to be his wife, during that time. Abortion after abortion occurs until viable children are born, but even then —! Tarnier declares that eighty-five per cent, of syphilitic children die before the sixth month, Sturgis seventy-one per cent. As to gonorrhea, the revolution in professional opinion in this regard is simply startling. No longer regarded as a mere trifle, its effects are found to be appallingly widespread. Orchitis on the one hand and pyosalpinx on the other spring up in swarms in its wake like veritable dragon's brood. The despairing cry goes up, "It is doubtful whether gonorrhea is ever cured!" Here, again, justice may move with a

leadens foot, but she strikes with an iron hand." That insignificant little infection gonorrhea, "of no more importance than a cold in the head," is found to be followed by a Nemesis of infirmity which is simply appalling.

To sum up then, from the female side of this institution, our conclusion would be that it is concerned principally with the most worthless variety of women, the degenerates or criminals, and the idle, the mercenary, and shameless of the lower classes: in short, women whom the community can well afford to spare. That these women, when fairly in its grasp, are practically prevented from propagating their kind during their career, and rapidly destroyed if they remain in it. That very few marry, and those who do so are barren in a high degree: in short, it is an eliminative agency of high value and wonderful efficiency for first rendering sterile and then rapidly destroying the worst specimens of the sex—women whose "reform" and child-bearing would be a curse to the community. No need to spay the prostitute or castrate the criminal; they'll do it themselves if they are just given a little time.

To say that prostitution involves fearful and widespread suffering to innocent women and children would be as true as it is pitiable and harrowing, but "a companion of fools shall be destroyed" is no vengeful threat, but a simple statement of a stern, necessary law, of highest value to the race. The only way to check its ravages is to re-

duce to the lowest possible limit the class upon which it is sure (and ought) to act. And the only agency of any value in this work is education, *education*, EDUCATION! Legislation is useless, "regulation" worse still. Awake society to the fact that the rake does *not* make the best husband, especially awake the "managing mammas," who are for the most part either shamefully ignorant and determined to keep their charges so, or as conscienceless, in these matters, as the slave-dealers of the Soudan.

Above and beyond all we should foster, glorify, deify if necessary, the one instinct in man's bosom which can master the sexual, the highest, the holiest, the strongest of which he is capable,—his love to the one woman who is, or is to be, all the world to him. Once touch this spring and he is safe. Well may all of clearest and deepest vision among us, the poets, never weary of singing its praise. The age of chivalry should be brought back in nobler, truer form. Lust laughs at opposition and exults in danger, but sinks ashamed at the whisper of love. Impress upon every man not his own danger, but that of his wife that is to be, of his children yet unborn. Nay, further, make him to see that the last insult he can offer to the one for whom he would cheerfully lay down his life, is to make, in the burning words of the apostle, her "members the members of a harlot." Do this, and prostitution will disappear from the face of the earth.—*The Medical Notes*.

CIRCUMCISION OF WOMEN.

The inhabitants of Egypt are circumcised. Religion prescribes it to the Mahometans, and the Copts, or Catholics, willing to double their claims to paradise, are circumcised as well as baptised. Circumcision was practiced among the ancient Egyptians, and some

have gone so far as to find it necessary in the climate of that country.

In almost every other region, men are circumcised, and the whole mode of operation is universally known, but in Egypt women likewise submit to the operation, or to an operation somewhat

similar, and one which has obtained the same name. The circumcision of women was likewise practiced by the ancient Egyptians. It is at present confined to women who are properly Egyptians; the women of other countries, who are brought thither, having no occasion for the operation.

Sonnini justly remarks that it is by no means easy to treat of this subject with any degree of perspicuity, and, at the same time, to avoid such expressions as may offend the ear of modesty. The subject, however, is of importance in the history of man. To pass it over would be improper. It will be necessary, therefore, in discussing this subject to make use of the scientific terms which, though they may not be so universally understood, are certainly less offensive to delicacy.

That the women of Egypt undergo an operation denominated circumcision has long been known, but writers remain ignorant of the nature of the operation. Many affirmed that it consisted in retrenching the nymphæ, which were supposed to grow to an uncommon size. Bruce distinguished the operation by the name of excision, and affirmed that it consisted in shortening the clitoris. Niebuhr seems to have adopted an opinion compounded of these two notions, and such was the idea of Sonnini himself, till he had an opportunity of procuring more exact information.

That the nymphæ and clitoris are frequently retrenched seems to Sonnini, after the inquiries he made, to be sufficiently certain; but this is not all that is understood by the circumcision of women. Sonnini had long been of opinion that the ideas entertained of this operation were not correct. He wished to examine the matter more accurately, and he formed a project which, in Egypt, was not a little arduous—he resolved to witness the circumcision of a girl.

Forneti, the interpreter, lent his aid in this affair, which it was by no means easy to accomplish. The impropriety of exposing to the profane eyes of a Frank a Mahometan girl was strongly urged. Besides, it was winter, and deep-rooted prejudice had fixed the commencement of the rise of the Nile as the only auspicious period for the performance of the operation. The only argument in opposition to such objections was money, and this was so well applied that Sonnini at length had an opportunity, not only of seeing the operation performed, but also of examining a case which had been operated upon some years previously. When he examined her person, Sonnini perceived a fleshy excrescence hang from the os pubis, immediately above the labia. Its length was about half an inch, and the removal of this excrescence was what constituted female circumcision. The operator made the girl sit down on the ground before her, and, with a bad razor, immediately cut off the part mentioned. Though a good deal of blood issued from it, nothing was applied except a small quantity of ashes. Neither the nymphæ nor the clitoris were touched, and, indeed, they were not visible in the girl or in her who had formerly been circumcised.

Circumcision in the women of Egypt, if this operation can be properly called by that name, is the effect rather of necessity than of choice. The excrescence is enlarged in proportion to the age of the woman, the operator assuring Sonnini that, if it is suffered to remain untouched, at the age of 25 it would be 4 inches in length. The operation is always performed, however, before the girls arrive at maturity, generally about the age of 7 or 8. The operators, who are for the most part women, are commonly natives of Upper Egypt. At the season reckoned most proper for the performance, which has already been mentioned to be the commencement of the increase of the Nile, they go from

village to village proclaiming their occupation.

The excrescence which renders circumcision necessary is peculiar to women of Egyptian origin—to women descended from the ancient race of inhabitants. Females brought from another country, or females descended from parents who at some period, however remote, have arrived from another country, never exhibit any such excrescence. If we compare this circumstance with the accounts of the women in other parts of Africa, it may tend to render descriptions, formerly much suspected, if not wholly true, at least partly true. The preternatural apron of the Hottentot females was long considered as a fable, and Vaillant himself, who had traversed many parts of the country, strenuously contradicted the supposition of any such appearance. The same traveler, however, at a great distance from the Cape of Good Hope, met with women with a lengthened excrescence, similar to that belonging to the Egyptian women, except that at the lower extremity it was divided into two parts. The latter circumstance he considers as the effect of art.

Should the dubious authority of Vaillant be reckoned insufficient to establish the reality of any such conformation existing among the Hottentot females, his assertion may be confirmed by the authority of one whose veracity has not been suspected. Baron, in his travels near the Cape, mentions the same circumstance. It is evident, therefore,

that at the two extremities of Africa, are found women who from nature have received such an excrescence.

Female circumcision, at the same time, is known to be practiced in Abyssinia, and, though the nature of that circumcision has not been precisely determined, it may be presumed to be owing to a conformation similar to that of the Egyptian women, especially when we consider that those who perform circumcision in Egypt come from that part of the country which is nearest Abyssinia. Among the African negroes, no such conformation has ever been observed. Upon the whole, therefore, it may be concluded with some degree of probability, that the peculiarity in question is confined to the tawny women in Africa, and that a race of them extends, perhaps with a few interruptions, from Egypt in the north to the Cape of Good Hope in the south. It is probable, likewise, that it is peculiar to a race of women, without being under the influence of climate, since no length of residence in Egypt seems to bestow such a mark on females not belonging to the original inhabitants. It would be curious to know whether the original Egyptians preserve the same conformation after a residence of successive generations in a different country. Should this appear to be the case, it would afford a very powerful argument in favor of those who contend for the existence of different species of human beings.—*Caledonian Medical Journal, July, 1904.*

SELECTED.

DEPARTMENT OF TUBERCULOSIS.

CONDUCTED BY F. M. POTTINGER, PH. M., M. D.

THE TIME AND MANNER OF INFECTION IN TUBERCULOSIS.—One of the questions which is of paramount importance in the prevention of tuberculosis is to find out, if possi-

ble, when and how infection takes place. We are not warranted in assuming that infection takes place immediately prior to the outbreak of the disease. A careful inquiry into the histories of tuber-

cular patients, often elicits symptoms pointing to infection of probably long standing. True, all the classical symptoms which go to make up the picture of tuberculosis in the advanced stage in which it is usually recognized are not always present, but there are symptoms which point very strongly to a tubercular condition.

In a former paper (1) the writer drew attention to the close relationship existing between infection during infancy and early childhood and the later development, quoting Otis' results, which show that, from 60-70 per cent. of enlarged glands in childhood are tuberculous, and Blos' observations to the effect that a very large per cent. of children who suffer from enlarged glands become tuberculous in after years. In order to account for this frequency of infection, attention was called to the habits of the child, crawling on the floor, putting everything in its mouth; also to its lowered resistance, not only by nature, but from catarrhal conditions of the respiratory and digestive tracts, and it was shown by statistics that the greatest percentage of children are found to be infected with tuberculosis during the period when they suffer from intestinal and respiratory ailments. The penetrability of the mucous membranes, especially of the intestinal tract, during early life, was also pointed out, and the following conclusion was drawn:

"From our study thus far, we are compelled to assign an important place to childhood as the time of life when the tubercle bacillus gains entrance to the tissues. The tissues at this time are succulent, easily penetrated, and possessed of feeble resistance. The bacilli are taken in either with currents of air, with food or along with other things that the child puts into its mouth; or, it may be through wounds of the surface.

No matter in what way they gain entrance, they pass readily into the lymph spaces and on into the lymph glands."

When this infection has once occurred, there are innumerable opportunities for the disease to break out, and especial attention was directed to puberty, to the overwork in schools and shops, to the depressed condition attendant upon social duties of the young, to the lowered vitality due to disease, and to the cares and worries of business life, as being likely to lower vitality and afford opportunity for the disease to manifest itself.

Von Behring (2) in his Cassel Lecture emphasized the infection in childhood most strongly and goes so far as to say: "That, according to my ideas, there has not yet been a single well-authenticated case in which pulmonary consumption has originated in adult persons as the result of a tubercular infection developing epidemiologically, i.e., under essential conditions for infection occurring in nature." Then later he says: "The milk fed to infants is the chief cause of consumption. And yet this statement is true, not because the milk fed to infants is at all worse than other milk, but because the human infant, like the young of all other animals, is destitute of the protective agencies in his elementary system, which at a later period of life prevent the entrance of disease germs into his tissues."

The work done by Behring in immunizing cattle against tuberculosis is well known. This work has not only a scientific aspect, but it is of the greatest importance, as pointing to the possibility of some time attaining the suppression of tuberculosis by preventive inoculations. His researches have shown that the milk of cows immunized against tuberculosis is capable of conferring im-

1.—"A Study of Tuberculous Infection; Special Susceptibility of Childhood; Causes and Methods of Infection; Factors of Development of the Disease."—N. Y. Medical Journal, March 21, 1903.

2.—Cassel Lecture, Sept. 25, 1903, published in English under the title, "Suppression of Tuberculosis."—John Wiley & Sons, New York.

munity to calves. This gives occasion for his optimistic statement: "I have, to be sure, every reason to hope that we are on the right track, when we believe that immune milk constitutes a remedy for tuberculosis, with which no other remedy can even remotely compare." Whether this hope shall be consummated or not, we await with great interest the outcome of the present experiments, which are being carried out at Marburg, and we believe that Behring has done the cause of tuberculosis a great good, in calling attention to this early infection. Tuberculosis in childhood has been even more neglected than tuberculosis of adult life, but surely the relationship between this early infection and the later development of the disease should be more carefully studied and tuberculosis in children should receive its due consideration.

THE CONDITION OF THE LIVER IN TUBERCULOSIS.—Mouisset and Bonnamour published in *Rev. de mid.*, 1904, No. 5, results of their studies, which were as follows:

First—Changes in the liver are very often in the tuberculous.

Second—Tubercle is frequently found in the liver, but the most frequent changes are cirrhosis and fatty degeneration.

Third—Fatty degeneration for the most part produces no clinical symptoms; the cirrhosis, however, does show symptoms.

Fourth—Cirrhosis is found especially in tubercular alcoholics.—(*Berliner Klin. Woch.*, No. 25, 1904.)

In the *British Medical Journal*, May 14, 1904, is found an interesting account of autopsies made in Hongkong by William Hunter, who was especially careful to inquire into the number of cases of primary abdominal tuberculosis.

He examined the abdomen for tuberculosis in 5142 autopsies; among these 1889, or 35 per cent., were children

under five years. In this class, he found only thirteen cases of abdominal tuberculosis, of which eight were secondary, and only five primary; the last of which were all in children under five years; of these the affection began in the follicles of the small intestines, and three times were the mesentery glands tuberculous.

By his investigations, he has shown that primary intestinal tuberculosis and tuberculosis of the mesenteric glands are very infrequent among the Chinese, although they live in very poor quarters and under most unhygienic conditions.

TUBERCULAR ERUPTION OF THE SKIN.—E. Brunsgrädd describes a sub-acute case of primary universal tuberculosis of the lymph glands, in which the tubercle bacilli gained entrance to the blood or lymph stream in the sub-papillary portion of the skin, where he was able to discover microscopically the development of the tuberculous inflammatory process with fresh tubercles; tubercles beginning degeneration, and tubercles in an advanced stage of degeneration.

Clinically, the disease takes a course resembling an universal erythrodermia.

This case seems to be a new member among the numerous cases of tuberculosis of the skin, in which the causative factor is the entrance of tubercle bacilli into the blood stream.

(*Arch. f. Dermatol.*, 1903, Bd. 67, H. 2.)—Abstract in *Berliner Klin. Woch.*, 1904.

Law governs the sun, the planets, and the stars. Law covers the earth with beauty and fills it with bounty. Law directs the light, and moves the wings of the atmosphere; binds the forces of the universe in harmony and order, awakens the melody of creation, quickens every sensation of delight, molds every form of life.—Tappan.

DEPARTMENT OF PHYSICAL AND ELECTRO-THERAPEUTICS.

CONDUCTED BY ALBERT SOILAND, M. D.

RADIOTHERAPY.—At the St. Louis meeting of the American Roentgen Ray Society, on September 9-13, Dr. Chas. J. Leonard of Philadelphia, in speaking of the X-rays in carcinoma of the breast, said "that the essential factor of any successful treatment of malignant disease is that it be radical and used early, its severity to be limited only by the patient's general vitality and of the normal tissues that surround the affected area. Thorough surgical treatment, wherever consistent with the preservation of the function of life of the area involved should be advocated as the primary treatment. If any aid is to be expected from Roentgen-ray treatment, it must be commenced immediately after the surgical operation, before the patient is out of bed. The healing of wounds and the closing of sinuses are hastened by Roentgen-ray treatment. A careful study of the results obtained by this treatment in malignant disease of the breast shows that it has been most affected where it supplements rather than supplants operation. In inoperable and hopeless cases it affords relief from intolerable symptoms, lengthens life and offers the patient the most. The best results are obtained in scirrhus; in fact, the only favorable results of primary treatment have been obtained in these cases. Metastasis can be influenced and held in check by the Roentgen-ray treatment. In all other cases surgical removal of the breast and the adjacent lymph glands is always indicated. Technic and experience, as well as local and constitutional treatment, are essential to success in the treatment of malignant disease of the breast. He reported twenty-six cases treated since 1900. Of this number, twelve are dead, two have not been heard from, and the remainder are living. Two had preparatory treat-

ment, and they have lived eighteen and sixteen months, respectively. One had a primary inoperable scirrhus; four had recurrences; in three the recurrence has disappeared entirely and has not recurred in twenty-one, ten and four months, respectively. In one, massive recurrence followed immediately after operation. Of the cases receiving post-operative X-ray treatment, four are living and are free from recurrence, nineteen, fourteen, twelve and seven months after operation. Of the twelve patients who died, all except three were benefited when first seen. Two of them had post-operative treatment, but died eighteen months after the operation. He considers the results very encouraging and urges further study and observation in the treatment of malignant disease of the breast with the X-ray."—*Journal A. M. A.*

This, coming from a man of Dr. Leonard's standing, who is conservative, as well as skillful, should bear some weight with the thinking physician.

GALVANISM.—In the current issue of *Journal Advanced Therapeutics*, Dr. Francis B. Bishop of Washington, D. C., reports a case of chronic ulcer cured by metallic electrolysis after X-rays and high-frequency currents had failed. The positive electrode was a zinc rod, amalgamated with mercury, and applied directly to the ulcer. Eight milliamperes of current were used long enough to bleach the entire ulcer. Ten such treatments produced a cure.

This reminds us of the fact that in our haste to adopt all the new and imposing-looking apparatus for electrostatic and high-frequency effects, we neglect our old standby, the simple galvanic or direct current. Quite recently I had a lady patient who suffered from

a sinus situated in the perineal tissues, midway between the vulva and anus. This sinus had been continually discharging pus for a year. It had been opened once and curetted without benefit. The sinus extended into the muscles a distance of five centimeters, and would easily admit a probe one centimeter in diameter. I applied the X-rays six times to this sinus with but very little benefit. The lady, being anxious to return to her home, we decided to try galvanism. A heavy copper wire was made the anode and inserted into the sinus, the cathode wet pad was placed on the abdomen. Ten milliamperes of current were used, and the treatment occupied fifteen minutes. In a few moments after circuit had been closed, a little green discharge appeared around the copper electrode. This discharge was the pus discolored by the oxychloride of copper being evolved by electrolysis. The copper, then being driven by cataphoric action into and through the walls and diseased cells of the sinus, sterilized it completely. In twenty-four hours the discharge had entirely ceased, and in twenty-four more the sinus was sealed up. Thus one treatment by copper electrolysis in this case was sufficient to relieve an obstinate condition.

DR. NILS R. FINSSEN.—On the 24th day of last month there passed away from life, at Copenhagen, Denmark, one of the heroes of modern medicine—Hr. Dr. Nils R. Finsen, the father of scientific, actino and phototherapy. This man, too delicate to engage in the regular practice of his chosen profession, yet found energy enough to make the most painstaking and exhaustive researches into the therapeutic possibilities of chemical light as obtained from the sun's rays and in the electric arc. Confined to his invalid couch most of the time, he has personally directed the

work at his Medicinske Lysinstitut, which was so productive of good results in lupus and kindred skin affections, that he was awarded the Nobel prize in medicine for 1903. This money was not used for personal gain; it was turned over to defray the expenses of the institute by Dr. Finsen. His work is familiar to all progressive physicians, and his noble character is apparent to those who have followed his efforts.

ALBERT J. SOILAND, M.D.,

613 Johnson Bldg.

MEDICAL STUDENTS AND GRADUATES IN THE UNITED STATES.—It is stated in the educational number of the *Journal of the American Medical Association* that the number of medical students in the United States for the year ending June 30, 1904, was 26,138—1477 less than in the year 1903. Of this number, 23,662 were in attendance at the regular schools, 1105 at the homœopathic, 1014 at the eclectic, and 357 at the physio-medical and nondescript schools. There was a decrease in the attendance of the regular schools of 1268 below last year, and a decrease of 1216 below the year previous—1902. In the homœopathic schools there was a decrease of 393 below that of 1903, and a decrease of 512 below 1902. The eclectic schools have been increasing steadily since 1900. In 1904, 1014 students attended the eclectic schools, an increase of 166 over the attendance of the year previous—1903. The total number of graduates for the year ending June 30, 1904, was 5747, an increase of 49 over the preceding year. The increase in 1903 over 1902 was 699, so that the increase during the present year was much less than that of the year previous.—*Medical Record*.

If a man's wit be wandering, let him study the mathematics; for, in demonstrations, if his wit be called away never so little, he must begin again.—Bacon.

SOUTHERN CALIFORNIA PRACTITIONER'S NURSE DIRECTORY.

NAME.	QUALIFICATION.	STREET.	TEL.
ALBERTS, MISS R. C.	Graduate Nurse.	642 W. 36th.	Pico 541
BURTON, MISS EVA G.	Graduate Nurse.	201 W. 27th.	White 981
BOYER, MISS SARA	Graduate Nurse California Hospital.	1006 W. 8th.	Jefferson 6391
CAMERON, MISS KATHERINE..	Graduate Grace Hospital, Detroit.	395 Grand Ave., Pasadena.	Black 471
CARDONA, MISS L. M.	Graduate Sisters' Hospital, Los Angeles	Abbottsford Inn	Home 1175
CASE, MISS L. E.	Childrens Hospital San Fran.	542 Westlake Ave.	Jefferson 6303
CASEY, MISS MAE V.	Graduate California Hospital	719 Hope St.	Red 289
CAYWOOD, MISS J. EVELENA	Graduate California Hospital	La Park	Suburban 64
CRAWFORD, MISS M. A.	Trained Nurse.	1815 Normandie	Blue 4026
CRUMP, MISS ANNE L.	Graduate California Hosp.	416 S. Olive St.	Main 2454
COOPER, MISS JESSIE	Graduate Fabiola Hospital, Oakland.	2321 S. Flower	Home 5344
CUTLER, MRS. E. L.	Graduate California Hosp.	1622 S. Hill.	White 4661
EHRMAN, MISS IDA M.	Trained Nurse.	1021 W. Washing'n	Home 4243
FALCONER, MISS JEAN J.	Graduate Salem Hospital, Salem, Mass.	912 W. 5th.	Red 481
FERN, MISS	Graduate California Hospital	316 W. Carrillo St. Santa Barbara	Main 593
GORDON, MISS LILLIAN	Graduate California Hospital	46 Reuben Ave. Dayton, Ohio.	
HARDISON, MISS CLAIRE L....	Graduate California Hospital	116 S. Burlington	James 1161
HOAGLAND, MISS M. J.	Graduate Bellevue Training School, N. Y.	312 W. 7th.	Main 793
HOTZEL, MISS LILLIAN M..	Graduate California Hosp.	228 Hancock	Alta 2952
JAMES, MISS EDITH A.	Graduate California Hosp.	1622 S. Hill St.	White 4661.
JOHNSON, MISS EVA V.	Graduate California Hosp.	1708 S. Grand Ave.	Tel. White 2801 Home 2265
KINNEY, MISS J. A.	Trained Nurse.	1337 S. Flower.	Blue 2491
KIRBY, MISS NETTIE	Graduate Hospital of Good Samaritan	2675 Lacy Street	Phone East 344
KENDALL, MISS MAUDE	Graduate California Hosp.	1507 S. Grand Ave	Blue 3184
KERNAGHAN, MISS	Graduate California Hosp.	1708 S. Grand Ave.	White 2801 Home 2265
LAWSON, MISS	Graduate Nurse.	112 1/2 E. 10th	Pico 3091
LEGGETT, MRS. F. M.	Graduate New Haven Training School.	436 S. Hill.	Main 1383
MILLER, MISS FLORENCE	Graduate California Hosp.	1145 S. Olive St.	West 357
McNEA, MISS E.	Graduate Nurse	744 S. Hope St.	Red 4856
McCLINTOCK, MISS CLARICE	Graduate California Hosp.	1232 W. 9th St.	Black 5011
NAGEL, MISS A	Graduate California Hospital	1708 Grand Ave.	White 2801 Home 2465
OLSEN, MISS JOHANNA	Graduate Nurse	1207 W. 8th St.	Telephone 4685
READ, BEATRICE.	Graduate Fabiola Hospital, Oakland.	28 Temple.	Red 46
SAX, MISS.	Graduate California Hosp.	1708 Grand Ave.	White 2801 Home 2265
SERGEANT, MISS.	Graduate California Hosp.	2808 S. Hope.	White 576
SMITH, MISS E. G.	Graduate California Hosp.	249 W. 15th St.	White 4351
TOLLAN, MISS H.	Graduate California Hosp.	423 S. Broadway	Home 5506
TOWNE, MISS LILLIAN	Graduate California Hosp.	Mission Canon Santa Barbara	
WHEELER, MISS FANNIE A.	Graduate Hospital of Good Samaritan	212 South Reno St.	Main 1782 Home 4131
WEED, MISS E.	Graduate California Hosp.	Calexico, Cal.	
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A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere: especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

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EDITORIAL.

AN AMERICAN LICENSE TO PRACTICE.

Dr. Charles McIntire, secretary of the American Academy of Medicine, is taking up the subject of the removal of a physician from one State to another. He says "we should look forward to the time when a license to practice can be registered anywhere in the Union. At present the problem is complex, and can be made less so only by such labor. One phase of the subject has not been carefully studied, to my knowledge. To what extent do physicians migrate; what is the character of those moving, and what are the reasons? Can we get at the facts of the removal of physicians from one location to another? If we can get these data of any considerable number, a contribution can be made to the social philosophy of the American physician."

This is an important work that Dr. McIntire is taking up, and should have

the hearty co-operation of the profession. What he hopes to secure from each college is the list of graduates, the year of graduation, the number opening an office and not moving, the number moving, number relinquishing practice. The doctor should be addressed at 52 North Fourth street, Easton, Pa. He will undertake the labor of compiling and then publish the results. Let us all assist him.

PHIMOSIS OF CHILDREN.

Phimosis, in the practice among children, is one of the most frequent of conditions requiring attention, health and growth, depending upon relief of pressure and consequent irritations.

Reduction of phimosis by retraction under lysol and glycerine: One part lysol, 20 parts glycerine is harmless, practically painless and bloodless.

Lysol is anesthetic, astringent and antiseptic.

In the last three years, at the Children's Clinic, College of Medicine, University of Southern California, there has not been a week without its case or cases of phimosis, and reduction of same under lysol and glycerine.

In all of the cases presented, handled either by myself, or students under my direction, there has been but one case in which a circumcision became necessary. This is up to the age of 7 years.

It may require two or even three times to finish the retraction completely, in order to avoid any pain or swelling of the tissues. The child may be frightened and cry, but, when the work is complete, it does not realize that it has been handled.

The following method of dilation and retraction is as follows: Lysol and glycerine—one part lysol, 20 parts glycerine—is dropped by an assistant from a pipette, constantly, upon the parts exposed, as the operator proceeds with the work.

Prepuce dilated with haemostat; grooved director to break up adhesions, as it is blunt. The parts are thinned out like rubber under the influence of lysol and glycerine of the above strength and the glans is slipped easily and suddenly.

KATE WILDE, M.D.

YUMA, ARIZONA.

We republish the following from Vol. VIII of the Reference Handbook of the Medical Sciences:

This desert "city" of 1800 inhabitants lies in the extreme southwestern corner of Arizona, at the junction of the Gila and Colorado rivers. It has an elevation of only 140 feet, and is situated in the

great Arizona desert, about sixty miles from the Gulf of California and a few miles from the Mexican border. It is on the line of the Southern Pacific Railroad.

Like Phoenix, in the same State, Yuma is famed for its sunshine, heat and dryness. It can be used only as a winter resort, for it is excessively hot in the summer, the thermometer sometimes rising as high as 115° F. or over, and for many days in succession it ranges above 90° F.

Such a region and climate present conditions closely resembling those which are found at the health resorts of Egypt, which are in nearly the same latitude. The accommodations in the latter country, however, are vastly superior in abundance and excellence to those at Yuma, which are insignificant in comparison, although we are told that "ample accommodation is had at the depot eating house, situated on the very bank of the Colorado, with encircling balconies, for the enjoyment of guests." One would hardly choose, however, a railroad station for a pulmonary invalid seeking pure air free from dust. What other suitable accommodations, if any, exist, is unknown to the writer. There is little at Yuma to attract one in the way of amusements or diversion. Such vegetation as is found here is of a semi-tropical nature. The soil is that which is peculiar to all desert regions.

The climate is that typical of the desert in a tropical latitude, and presents many interesting phases for study. In the first place, we observe from the chart that there are 282.4 clear days and 351.7 clear and fair days, or over 90 per

cent. The mean number of cloudy days for six years was 21 (Solly.) One may, therefore, enjoy here almost continuous sunshine. What a contrast, for instance, to Sitka, Alaska, where there are only 66 clear days on an average during the year. Secondly, the extraordinary heat of the warmer months of the year is to be noticed, the temperature in the shade having been known to rise as high as 118° F.; and in the year 1893, from April to October, inclusive, out of 214 days, there were 162 during which the thermometer stood above 90° F., and the maximum temperature for the year was 111° F.—(Solly. *Medical Climatology*.)

It is to be borne in mind, however, that this is a very dry heat—the dryness of the desert, and hence more endurable than a lower temperature would be in combination with a moist atmosphere. From the table we see again that the relative humidity is very low, 40.3 per cent. for the year, and the average rainfall for the year only 2.08 inches, and in some years much less than this. Thus, for example, in 1899, there was only 0.6 of an inch of rain, 0.5 of which fell in November.—(Hinsdale, *System of Physiologic Therapeutics, Climatology*.) The winter climate, the season in which an invalid would seek such a resort, is sunny and mild, the average temperature being 56.1° F., about 5° higher than that at Phoenix for the same season, and about 2° degrees lower than that of Cairo, which is 58.3° F.

For a comparison of the climate of this desert region of Arizona with that of the winter resorts of Egypt, the reader is referred to the article on the

latter country in Vol. III of the Reference handbook. It will be seen how closely the climatic characteristics of these two regions resemble each other; both illustrate the features of a warm, desert climate, and with equally good accommodations and attractions, both would probably produce similar results in the treatment of disease.

The conditions and diseases for which such a climate as that to be found at Yuma is to be recommended are also those for which the Egyptian climate is favorable. All stages of phthisis may be favorably influenced by a residence in this desert climate, provided the conditions are not acute. As in Egypt, the disadvantage of such a resort is the short time of year during which it is available; this is a distinct objection in the treatment of phthisis, although even with this disease change is sometimes desirable and advantageous, and this is oftener true of many other maladies. Change *per se* is a therapeutic resource of no mean value.

For the consideration of the climate of Arizona as a whole, the reader is referred to the article on Arizona in Vol. I of the Reference Handbook.

EDWARD O. OTIS.

THE DEADLY KISSING BUG.

Dr. J. H. Holland of Riverside reports that Mrs. Carl Rudolphi of that place recently had a very painful experience with a kissing bug of the genuine kind. The insect bit her on the left cheek, and before it could be brushed off it had inserted its stinger a second time in her wrist. Dr. J. H. Holland was summoned at once and administered remedies that

relieved the pain and warded off any serious consequences. The symptoms all through the case were followed closely by Dr. Holland. Within fifteen minutes of the time Mrs. Rudolphi was bitten she was seized with cramps in the stomach, together with nausea. Fifteen minutes later dark red spots formed up and down the spine. Cramps and jerking in the lower limbs commenced and numbness was felt in the hands and feet. This was followed by intense itching all over the body, which commenced about an hour and a half after. The pulse ran up to 120, with the temperature normal, and the parts bitten became swollen to the size of a walnut. The usual treatment is permanganate of potash, injected, and also a wash of bi-chloride of soda. This was used, and the patient is getting along satisfactorily.

EDITORIAL NOTES.

Dr. C. E. Ide of Redlands is spending a few weeks in Chicago hospitals.

Dr. Walter J. Wallace of Alhambra, Cal., is taking a four-months' trip East.

Dr. D. J. Brannen of Flagstaff, Ariz., is visiting the East and Canada.

Dr. C. H. Bradley of Las Vegas, N. M., has returned from an Eastern trip.

Dr. R. W. Brown, formerly of Nipomo, has located in Santa Maria.

Dr. D. H. Carns of Albuquerque has returned after an eastern visit.

Dr. E. R. Layne has located in the O. T. Johnson building, corner Fourth and Spring streets, Los Angeles.

Dr. R. F. Hanstreiter has located at the corner of McClintock and Jefferson streets, Los Angeles.

Dr. C. E. Creal of Imperial recently made a trip to San Diego with a patient for the county hospital.

Dr. Howard Hill of Redlands is spending three months in New York City taking a post-graduate course.

Dr. H. W. Purdy of Nogales was a delegate to the Democratic Territorial Convention recently held at Phoenix.

Dr. F. L. Bailey has accepted a position with the Detroit Copper Company at Morenci, Ariz.

Dr. H. S. Sims of Phoenix has been taking his vacation in Oregon, Washington and Idaho.

Dr. W. E. Hibbard of Pasadena and Los Angeles is again at home after several months spent in European travel.

Dr. Charles Wm. Gerber, formerly of Buffalo, N. Y., is now located in Las Cruces, New Mexico.

Dr. L. D. Hockett of Whittier is taking a post-graduate course in the hospitals of New York.

Dr. H. E. Stroud and Dr. R. W. Craig of Phoenix, Ariz., have been traveling in the East.

Dr. D. S. Schenck, a graduate of Jefferson Medical College, has located in Safford, Ariz.

Dr. J. H. Wroth of Albuquerque has returned home after a few weeks spent on the California Coast.

Dr. J. R. Whiteside of Chloride, Ariz., was a delegate to the Democratic Territorial Convention at Phoenix.

Dr. J. H. Sloan of Santa Paula was a delegate to the Knights Templar Conclave at San Francisco.

Dr. A. C. Pratt has again located in San Bernardino, and has formed a partnership with Dr. John Meyer.

Dr. Wm. H. Flint of Santa Barbara has returned after his usual New England summer vacation.

Dr. T. P. Martin of Taos was recently a delegate to the Republican Territorial Convention at Albuquerque.

Dr. H. B. Fasig of Los Angeles is in New York City, taking a three months'

course in the Post-Graduate Medical School.

Dr. W. E. Trueblood of Whittier has been appointed physician and surgeon for the Pacific Electric Railroad at that point.

Dr. R. Chadbourne of 745 South Orange Grove Boulevard, Pasadena, has been spending several weeks at a Santa Barbara hotel.

Dr. Hoell Tyler of Redlands is again at home. During his eastern trip he devoted two months to hospital work in New York City.

Dr. L. H. Chamberlain of Albuquerque was a delegate to the Territorial Grand Lodge of Knights of Pythias at Las Vegas.

Dr. W. G. Shadrach, who has been stationed at Walker, Ariz., as the surgeon of a mining company, has located at Albuquerque.

Dr. A. G. Rounseville of Williams, Ariz., has been taking an Eastern trip, during which he visited the World's Fair.

Dr. R. A. Aiton, Dr. J. W. Lennox and Dr. E. H. Stiles, all of Tucson, Ariz., have been traveling in the East with their families.

Dr. Norman Bridge of Los Angeles is now in Chicago delivering his annual course of lectures before the students of Rush Medical College.

We have received an important reprint entitled "Clamp and Cautey in Appendectomy," by Joseph Rilus Eastman, M. D., of Indianapolis.

Dr. Arthur T. McGinty, resident physician of St. Mary's Hospital, San Francisco, has been taking a vacation in Southern California.

Dr. George C. Bryan, County Health Officer, reports that there are three cases of smallpox at Alamogordo, N. M., and that they are under strict quarantine.

Dr. J. M. Crenshaw of Redlands has returned home, after taking a post-

graduate surgical course at Johns Hopkins.

Dr. C. D. Ball of Santa Ana took in the Knights Templar Conclave at San Francisco, and then made an excursion through Yosemite Valley.

Dr. W. S. Connatt of Las Vegas, N. M., was, on September 1st, married to Mrs. Cora Polk, at the bride's home, Augusta, Kansas.

Dr. F. E. Shine, chief surgeon of the Copper Queen medical staff, surprised his friends at Bisbee by returning home from an eastern trip with a bride.

Dr. Winn Wylie and Dr. DeBarth Shorb have jointly taken offices in the Hellman building at the corner of Fourth and Spring streets, Los Angeles.

The San Pedro Medical Association was organized on September 23rd. Dr. W. A. Weldon was elected president and Dr. Blanche Bolton secretary and treasurer.

Dr. R. F. Fowler, government physician at Mesa, Ariz., has been having a long siege of typhoid fever, and has now gone to the Sierra Anchas Mountains to recuperate.

Dr. J. R. Gilbert of Alamogordo was married in Temple, Texas, on September 1, to Miss Mary Murphy. They took a wedding trip to the World's Fair and New York City.

Dr. Raymond E. Chase of Glendale was married on September 14th to Miss May Pirtle of Los Angeles. The wedding occurred in Christ Episcopal Church.

Dr. Thomas Reid McNab, one of the young physicians of Los Angeles, was married to Miss May Young at the bride's family residence in Oakland on September 22nd.

Dr. George F. Butler, the superintendent, has left the Alma Springs Sanitarium and located in Chicago, where he will be connected with two of the col-

leges and will continue to edit and publish his magazine, *How to Live*.

Dr. J. John Page of Pomona, Cal., a retired surgeon of the U. S. Navy, recently had a very trying ocean trip down from San Francisco. He said it was one of the roughest trips he ever experienced.

Dr. C. F. Hawley of Mesa, Ariz., has returned home after spending a few weeks at Los Angeles and beach resorts in Southern California. He says he had a splendid time, and his friends say he has an orange complexion that would lay a pima in the shade.

Dr. Milbank Johnson of Los Angeles, chief surgeon of the Edison Electric company, recently gave a lecture and demonstrations on "Resuscitation" to the local employees of the company at Pomona. Dr. Johnson was assisted by Dr. Frank Garcelon of Pomona.

The fete recently given for the benefit of the Barlow Sanitarium for indigent consumptives was a great success and netted over \$10,000. This is a most worthy institution, and one of its most salutary rules is that no person is admitted unless he has been a resident of Southern California for one year.

The paper by Dr. W. W. Roblee of Riverside, which appeared in the Southern California Practitioner for February, has been translated and published in Paris by three different prominent medical writers, which is evidence that the French know a good thing when they see it.

Dr. J. M. Swetman of Phoenix has recently been spending a few weeks in Southern California, and also took in the Knights Templar conclave at San Francisco. On returning home he said that the hottest day he ever saw in his life was that Wednesday in San Francisco, when the thermometer stood at 100°.

Dr. R. A. Cushman, county physician of Orange county, resigned at a recent

meeting of the Board of Supervisors, and Dr. C. D. Ball was appointed to the place. Dr. Cushman has been appointed and has accepted the position of resident physician and surgeon at the State Hospital for the Insane at Ukiah, Mendocino county.

Dr. F. B. West, who was connected with an advertising establishment known as "The English-American Medical Society" in San Diego, was arrested for being responsible for the death of a young Mexican girl, resulting from a criminal operation. He was held for \$10,000 bonds. It being impossible to get the bonds, he was remanded to jail.

The Southern California Sanatorium for Nervous Diseases is the name of the new institution now building in the suburbs of Pasadena. It is owned by a stock company, composed of Drs. J. H. McBride, H. G. Brainerd, W. J. Barlow, M. B. Campbell and Norman Bridge. The first building is now well along and will cost about \$30,000.

Dr. Edward Wernigk died at his home in Alhambra on September 16th, after a lingering illness lasting through several months. The doctor was a native of Bavaria, and came to this country in 1849. He received his early medical training at Rush Medical College. He was seventy-three years of age. His nephew, Dr. R. Wernigk, is one of the prominent physicians of Los Angeles.

Dr. S. P. Chancellor of Santa Barbara is to be married on November 25th at La Salle, Ill., to Miss Emma Matthiesson. Miss Matthiesson, with her millionaire father, spent last winter at a Santa Barbara hotel, and it was at that time that the attachment was formed. The doctor and his bride expect to return to Santa Barbara in January.

On the recommendation of the Board of Health the City Council of Los Angeles has adopted an ordinance creating a position of trained nurse for the pub-

lic schools. The ordinance provides a salary of \$75 a month. The appointee is to give all her time to the work of looking after the sanitary condition of the schools and the health of the pupils. She will visit each of the city schools in turn. There is no doubt that the right kind of a nurse can be useful.

"Editor Southern California Practitioner,
1414 South Hope Street, Los Angeles,
Cal.

Dear Doctor.—An examination will be held by the Board of Medical Examiners of the State of California at the City of San Francisco commencing on Tuesday, October 25, 1904. Credentials should be filed with the secretary at least ten days before the examination.

Yours truly,

CHARLES L. TISDALE, Secy."

Mr. Sutton, editor of *The National Hospital Record*, published at Detroit, Mich., has begun the publication in his magazine of a series of articles which will extend over several months, and which will thoroughly cover the entire field of organizing a hospital association, planning and erecting the buildings, equipping the institution, maintenance, general management, etc. This is the first attempt to cover this field, and the series will prove of interest and value to all interested in hospital work.

Years ago the Arrowhead Hot Springs at San Bernardino, sixty miles east of Los Angeles, were the most noted springs in California, but the fine hotel at the place burned and capital has failed to become interested until now. A company has secured control of the Arrowhead property, comprising about 1,700 acres, and it is said that an immense sanatorium will be constructed. It is stated that the Arrowhead Hot Springs are the hottest mineral springs in the world, water at a temperature of 196 degrees falling from them in great quantities.

Dr. Herman Bayless has written to

his sister, saying that he was arrested by Russian secret officers and imprisoned twenty-four hours under suspicion of being a Japanese spy. What confirmed the Russians in their suspicion was the fact that Dr. Bayless had a large collection of daggers in his trunk, that being his harmless fad. The doctor is a homoeopathic practitioner of Los Angeles, and is generally known as Dr. H. Gordon Bayless. Since writing the above the doctor has returned to Los Angeles, and looks as debbonair as ever. He reports that he had a thrilling time.

Dr. Wm. A. Edwards, formerly of San Diego, who has been elected to the section of cardiac diseases in the chair of pediatrics in the Medical College of the University of Southern California, besides belonging to our State and national societies, is a fellow of the College of Physicians of Philadelphia, formerly instructor in clinical medicine in the University of Pennsylvania, and formerly physician to St. Joseph's Hospital and pathologist to the Philadelphia Hospital. Dr. Edwards brings a rich experience and well-earned reputation that guarantees excellent work as a teacher.

The monthly meeting of the Yavapai County Medical Society was held Saturday, September 10 at 10 a.m., in the office of Dr. W. S. Smith, Bashford Building, Prescott. The following was the program: Routine business; "The Treatment of Sepsis," Dr. J. W. Coleman; "The Treatment of Pneumonia," Dr. H. D. Thomason; "Vesical Calculus-Lithotripsy," Dr. W. S. Smith. A discussion of the business affairs of the profession, with particular reference to the establishment of uniformity of fees in this county, occupied the remainder of the session.

The Southern California Practitioner acknowledges receipt of a handsomely illustrated booklet that shows the home and equipment of the Republican Pub-

lishing Company of Fresno. This is one of the most prominent papers on the Pacific Coast, and has been under the direction, and to a great extent under the proprietorship of Dr. Chester Rowell since 1876. During a great deal of that time Dr. Rowell has been a member of the State Senate, but his interest in the "Republican" has never waned. We congratulate him upon the great influence his paper has attained, and also for his success financially. Fresno is very fortunate in having such an advocate.

"The Quarter and Semi-Decade Treatment and Curability of Epilepsia" is the title of a very interesting monograph by Dr. C. H. Hughes, editor of the *Alienist and Neurologist*. Dr. Hughes states that epilepsy is especially common in excessive meat-eaters and eaters of other forms of highly salt-seasoned food. The problem and cure of epilepsy are to restore the integrity and physiological equipoise of the epileptic neurone. He urges especial care as to bringing the alimentary tract and accessories into proper condition, and believes that suggestion is a very important factor in treatment, or, as he calls it, daily psychic impression. As to drugs, he depends principally upon the judicious use of the bromid. He thinks that a milk, fruit and vegetable diet should predominate.

On August 25th Dr. Wm. Rice Pryor, Professor of Gynecology in the New York Polyclinic, died in St. Vincent's Hospital, New York City. He was the youngest son of Roger A. Pryor, Justice of the New York Supreme Court, and at the time of his death was in his forty-sixth year. Dr. Pryor graduated from the College of Physicians and Surgeons in 1881. He was a well-known writer, especially on gynecology, and in his practice was particularly considerate of the poor and extended his charity to them with liberality and wis-

dom. His disease was pernicious anemia, and while he lay dying in St. Vincent's Hospital his case attracted a great deal of attention. It is said that "never in the history of this country, perhaps with the exception of the dying days of President McKinley, has there been such a gathering of noted medical men around one man." The case of Dr. Pryor enlisted the sympathy of the leading physicians of the country, and many of them were in daily attendance. We trust that the time will come when the medical profession will learn how to create new red corpuscles.

HOW WOULD YOU HAVE VOTED?

HY D. W. HUNT, M. D., GLENDALE, CAL.,

"How would you have voted?" was the question asked by Dr. John C. King, one of the board of state examiners, in the Southern California Practitioner for September.

The subject of Dr. King's message and the way he presented it is of interest to every medical man. Having heard all sorts of reports as to how the examinations were conducted, it gives us pleasure to know from one competent and in a position to report authentically the *modus operandi* of the examining board, which I believe all will compliment as fair and even generous.

Referring to the above question and invitation—for I think the question a fair one—one worthy of consideration, the answer depends on *conditions*. 1st. Is the examining board in the interest of the medical profession or in the interest of the suffering public—solely in the interest of curing the sick? If the former, I would most unhesitatingly say stand by the test given by the board, this is to pass or reject, but if in the interest of doing good to the needy suffering sick there seems to me to be ample opportunity to modify my vote.

Let me ask any medical man of experience this one question: Do you feel yourself any more competent to treat

the sick after your first year in practice or your first five years in practice than you did when you had your first case, your first operation?

You look back at your first initial cases; none of them true to the type portrayed in your works on practice, none typical cases, and how puzzled you felt, as to the diagnosis of your case. Later you learned to discriminate and to know all fevers had symptoms in common; you then felt more confidence in taking the case and felt assured you could carry it to a successful and satisfactory issue. You now say as you look back how true "Fools rush in where angels fear to tread." You now feel that with no more experience than you then had you would hardly dare to take the cases you then treated. I believe this is the true inward feeling of every medical man who has had experience and is conscientious. Symptoms become familiar to the practitioner and the diseases that are indigenous to a vicinity are to the physician known and met with daily. Let me here relate an experience of my own in early life. When in college, before my medical studies began, I was taken suddenly ill; the teacher in physical science was a Dr., a man who stood high in the profession. Living near to where I was, I sent for him. He came and looked me over and at once advised me to send for some of the city practitioners. "Why," said I, "are you not a doctor?" "Yes, but I am not in practice and some of the physicians that are in daily contact with the prevailing diseases will be far more competent to treat you successfully than I." I saw the point, and this wise counsel I have had occasion to note repeatedly in my experience in life. The truth and sense of his statement have always reminded me that the half-hearted doctor who speculates or has some business that primarily engages his attention and practices on the side for "what there is

in it," is a poor stick to lean on when one is seriously ill.

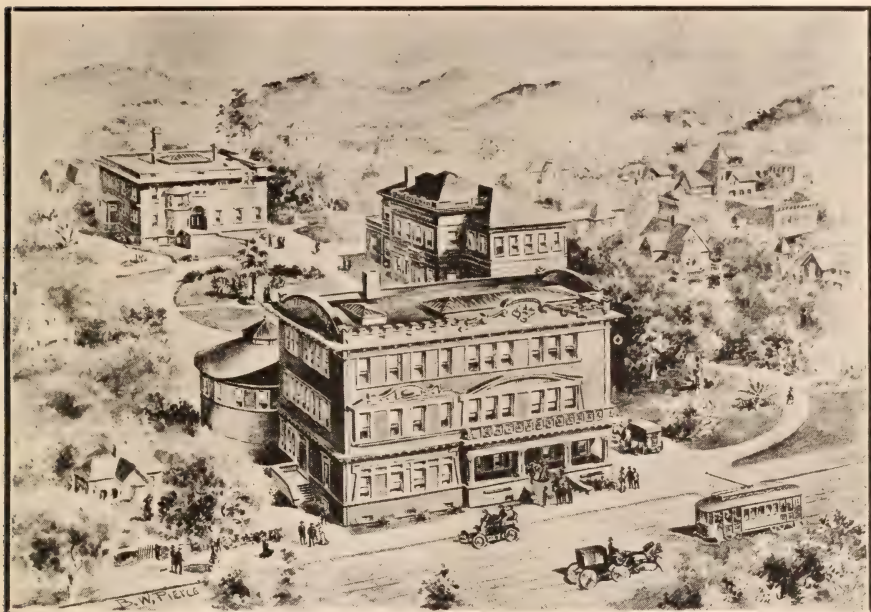
In the interest of the sick nothing counts for so much as the experience of the doctor. Experience fortified by scientific culture is better, but all the theories and culture of the world do not take the place of a true test at the bedside. One of our most noted pathologists in a school where I attended lectures, a profound student and authority on pathology, was not rated high in practice by the community in which he practiced. Our first operation and case gives us confidence in our ability, and then we begin to feel our reading is useful and we can weigh it in our practice and in actual contact with disease, here is the test, in the treatment.

In *other* professions actual experience is counted as a large factor in the qualification of the individual. Teaching, for instance—the years of actual practice in teaching is accredited to the teacher for much, and after so many years entitles him to a "life certificate," good in any state. Is experience worth more to the teacher than to the doctor? Experience most assuredly should in medicine count for as much as in other professions; of course we are supposing that the fundamental training and primary education have been good in the best schools; then add to this years of experience, daily in constant practice, and you have the factors that build for the most worthy, the best; all may not succeed alike or be alike proficient, neither are they in other professions, but we have the rule.

Reverting to my first statement. Let any medical man ask *himself* the question as to what experience has done for him in fitting him for competency in practice, and efficiency in treating disease, and *his* answer will, I think, settle the question as to

"How would you have voted?"

MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.



The building in front contains the Amphitheater, Lecture Rooms, Physiological, Chemical and Anatomical Laboratories; the building to the right is the Hendryx Bacteriological and Pathological Laboratory, and the building in the rear is the new Clinical Building.

The twentieth session of the Medical College of the University of Southern California opened at 9 a.m., Thursday, October 13th, with an enrollment of about 50 per cent. more than at any previous opening. There was also at these openings exercises an unusually large attendance of the faculty and friends.

Dr. W. D. Babcock, the secretary of the faculty, presided and introduced Dr. Walter Lindley, the Dean, who gave a sketch of the history of the school, and whose address will appear in the November number of the Southern California Practitioner. Drs. Joseph Kurtz, H. G. Brainerd, LeMoine Wills, Granville MacGowan, Claire Murphy, John L. Kirkpatrick, Walter Jarvis Barlow, and M. L. Moore made brief announcements, and Dr. Babcock closed the exercises with a few remarks. The regular instruction of the year began at

once. The new Clinical Building will be ready for occupancy about November 1st and is an important addition to the equipment of the college.

COLLEGE OF MEDICINE—SCHEDULE 1904-1905.

FRESHMAN CLASS.

Monday—9 a.m., Prof. Black, Histology; 10 a.m., Prof. Black, Histology; 11 a.m., Dr. Kirkpatrick, Anatomy; 1 p.m., Prof. Colliver, Physiology; 2 p.m., Prof. Colliver, Physiology; 5 p.m., Dissections.

Tuesday—8 a.m., Dissections; 9 a.m., Dissections; 10 a.m., Prof. Murphy, Anatomy; 11 a.m., Dr. Godin, Materia Medica; 1 p.m., Prof. Colliver, Physiology; 2 p.m., Prof. Colliver, Physiology; 4 p.m., Dissections; 5 p.m., Dissections.

Wednesday—9 a.m., Prof. Black, Histology; 10 a.m., Prof. Black, Histology; 11 a.m., Dr. Kirkpatrick, Anatomy.

Thursday—8 a.m., Prof. Stabler, Chemistry; 9 a.m., Prof. Stabler, Chemistry; 10 a.m., Prof. Stabler, Chemistry; 11 a.m., Dr. Kirkpatrick, Anatomy; 1 p.m., Prof. Colliver, Physiology; 2 p.m., Prof. Colliver, Physiology; 3 p.m., Dissections; 5 p.m., Dissections.

Friday—9 a.m., Prof. Black, Histology; 10 a.m., Prof. Black, Histology; 11 a.m., Dr. Kirkpatrick, Anatomy; 1 p.m., Prof. Colliver, Physiology; 2 p.m., Prof. Colliver, Physiology; 3 p.m., Prof. Colliver, Physiology; 4 p.m., Dissections; 5 p.m., Dissections.

Saturday—8 a.m., Prof. Stabler, Chemistry; 9 a.m., Prof. Stabler, Chemistry; 10 a.m., Prof. Murphy, Anatomy; 11 a.m., Dr. Godin, *Materia Medica*.

SOPHOMORE CLASS.

Monday—8 a.m., Dr. Quint, *Materia Medica*; 9 a.m., Prof. Murphy, Prof. Black, Anatomy; 2 p.m., Dr. Leonard, Bacteriology.

Tuesday—8 a.m., Prof. Black, Pathology; 9 a.m., Prof. Black, Pathology; 10 a.m., Prof. Black, Pathology; 11 a.m., Dr. Quint, *Materia Medica*; 1 p.m., Prof. Witherbee, Physiology; 2 p.m., Dr. Leonard, Bacteriology.

Wednesday—8 a.m., Prof. Stabler, Chemistry; 9 a.m., Prof. Stabler, Chemistry; 10 a.m., Dr. Kirkpatrick, Anatomy; 1 p.m., Prof. Colliver, Physiology; 2 p.m., Prof. Colliver, Physiology; 3 p.m., Prof. Colliver, Physiology.

Thursday—8 a.m., Dr. Quint, *Materia Medica*; 9 a.m., Prof. Black, Pathology; 10 a.m., Prof. Black, Pathology; 11 a.m., Prof. Black, Pathology; 2 p.m., Dr. Hutchinson, Physical Diagnosis; 3 p.m., Dr. Leonard, Bacteriology.

Friday—8 a.m., Prof. Stabler, Chemistry; 9 a.m., Prof. Stabler, Chemistry; 10 a.m., Prof. Murphy, Anatomy; 1 p.m., Prof. Witherbee, Physiology; 2 p.m., Prof. Colliver, Physiology (second semester.)

Saturday—9 a.m., Prof. Black, Pathology; 10 a.m., Prof. Black, Pathology; 11 a.m., Prof. Murphy, Anatomy.

JUNIOR CLASS.

Monday—8 a.m., Prof. Wills, Surgery; 10 a.m., Prof. Carl Kurtz, Gynecology; 11 a.m., Prof. Moore, Obstetrics; 1 p.m., College Clinics; 2 p.m., Prof. J. Kurtz, Surgery; 4 p.m., Dr. Powers, Hygiene.

Tuesday—8 a.m., Prof. Lasher, County Hospital; 9 to 9:30 a.m., Prof. Lasher, County Hospital; 10 a.m., Prof. Follansbee, Diseases of Children; 11 a.m., Prof. King, Therapeutics; 1 p.m., College Clinics; 2 p.m., Dr. Barlow, Physical Diagnosis; Prof. Ellis, Ophthalmology; 3 p.m., Prof. Bullard, Toxicology; 4 p.m., Prof. Lasher, Lecture or Recitation.

Wednesday—8 a.m., Prof. Hagadorn, Practice of Medicine; 9 a.m., Prof. MacGowan, County Hospital; 10 a.m., Prof. Murphy, Surgical Anatomy; Prof. Stabler, Chemistry; 11 a.m., Clinical Microscopy; 1 p.m., College Clinics; 2 p.m., Prof. Babcock, Ear, Nose, Throat; Dr. Barlow, Physical Diagnosis.

Thursday—8 a.m., Prof. Wills, Surgery; 9 a.m., Prof. Orme, Hygiene; 10 a.m., Prof. Murphy, Surgical Anatomy; 11 a.m., Prof. Moore, Obstetrics; 1 p.m., College Clinics; 3 p.m., Prof. J. Kurtz, Surgery; 4 p.m., Dr. Edwards.

Friday—8 a.m., Prof. Lasher, County Hospital; 9 a.m., Prof. Lasher, County Hospital; 10 a.m., Prof. Murphy, Surgical Anatomy; 11 a.m., Prof. King, Therapeutics; 1 p.m., Dr. Leonard, Clinical Microscopy; 2 p.m., Dr. Leonard, Clinical Microscopy; Dr. Hutchinson, Physical Diagnosis.

Saturday—8 a.m., Prof. Hagadorn, Practice of Medicine; 9 a.m., Prof. MacGowan, County Hospital; 10 a.m., Prof. Barber, County Hospital Clinic; Prof. Stabler, Toxicological Laboratory (first semester); 11 a.m., Prof. Stabler, Toxicological Laboratory (first semester.) Hospital Clinic; 1 p.m., College Clinics; 2 p.m., Prof. J. Kurtz, Surgery.

SENIOR CLASS.

Monday—8 a.m., Prof. Wills, Surgery; 9 a.m., Prof. J. Kurtz, Surgery; 10 a.m., Dr. Soiland, Electro-Therapeutics; 11 a.m., Prof. Moore, Obstetrics; 1 p.m., College Clinics, Medicine, Surgery; 2:30 p.m., Prof. Brainerd, Neurology; 3:30 p.m., Prof. Barlow, Clinical Medicine, County Hospital; 4:30 p.m., Dr. Lazard.

Tuesday—8 a.m., Prof. Lasher, County Hospital; 9 a.m., Prof. Lasher, County Hospital; 10 a.m., Prof. Brainerd, County Hospital; 11 a.m., Profs. Wing and Cole, Clinical Medicine, County Hospital; 1 p.m., College Clinics, Medicine, Surgery, Eye; 2 p.m., Prof. MacGowan, Genito-Urinary Diseases and Dermatology; 3 p.m., Prof. Utley, Practice of Medicine; 4 p.m., Prof. Lasher, Lecture or Recitation.

Wednesday—8 a.m., Dr. Visscher; 10 a.m., Prof. MacGowan, County Hospital; 11 a.m., Prof. Barber, Clinical Medicine, County Hospital; 1 p.m., College Clinics, Medicine, Surgery, Ear, Nose, Throat; 2 p.m., Prof. Barlow, Clinical Medicine, County Hospital; 3 p.m., Prof. Barlow, Clinical Medicine, County Hospital; 4 p.m., Prof. Murphy, Anatomy of Nervous System; Prof. Moore, Manikin.

Thursday—8 a.m., Prof. Wills, Children's Hospital; 9 a.m., Prof. Wills, Surgery; 11 a.m., Prof. Moore, Obstetrics; 1 p.m., College Clinics, Medicine, Surgery; 2 p.m., Prof. Brainerd, Neurology.

Friday—8 a.m., Prof. Lasher, County Hospital; 9 a.m., Prof. Lasher, County Hospital; 11 a.m., Profs. Wing and Cole, Clinical Medicine, County Hospital; 1 p.m., College Clinics, Medicine, Surgery, Eye; 2 p.m., Prof. Barlow, Clinical Medicine, County Hospital; 3 p.m., Prof. Utley, Practice of Medicine; 4 p.m., Prof. Murphy, Anatomy of Nervous System; Prof. Conrey, Medical Jurisprudence.

Saturday—8 a.m., Dr. Bryant, Sisters' Hospital; 9 a.m., Prof. MacGowan, County Hospital; 10 a.m., Prof. Beckett, Gynecology, County Hospital; 11:30 a.m., Dr. Pottenger; 1 p.m., College Clinics, Medicine, Surgery, Ear, Nose, Throat; 2 p.m., Prof. J. Kurtz, Surgery.

LOS ANGELES NURSES ORGANIZE.

A meeting of the graduate nurses resident in Los Angeles county convened in the parish house, St. Paul's Pro-Cathedral, Monday evening, September 5th. There were present sixty-two graduate nurses, representing twenty-eight training schools.

The object of this meeting was to organize a Los Angeles County Nurses' Association.

The following papers were presented: "Reasons for Organization," by Miss Helen Hay, graduate of the Illinois Training School for Nurses, Chicago; "The History of State Registration," by Miss Margaret Orr, graduate of the Paterson General Hospital, Paterson, N. J., and by Mrs. E. C. Rogers, graduate of the Detroit Hospital, Detroit, Mich., on "The Work of Our County Organization—granted we organize—in the State Association." This was followed with a resumé by Mrs. Dr. Lockwood of the work accomplished thus far by the State association. Mrs. Lockwood, who had recently returned from San Francisco, reported the nurses there enthusiastically working for the perfecting of a bill for State registration to be presented to the Legislature at its next session.

The following committees for organization were chosen:

On Nominations—Miss Emelia Krabsch, California Hospital; Miss Gertrude Ward, Pacific Hospital; Miss A. Mayor, County Hospital; Miss Eva Mathews, Good Samaritan Hospital; Mrs. Dr. Lockwood, Illinois Training School; Mrs. R. D. Dorst, Cincinnati City Hospital.

On Constitution and By-Laws—Miss L. L. Huffcutt, superintendent Nurses, Pacific Hospital; Miss Moore, graduate California Hospital; Miss Hyatt, graduate County Hospital; Miss Margaret Orr, graduate Paterson General Hospital; Miss A. Birmingham, graduate

Malden, Mass.; Miss B. Kauffman, graduate Pasadena Hospital; Mrs. H. W. Pahl, Illinois Training School, Chicago.

At the subsequent meetings the society adopted, with the few necessary changes, the constitution and by-laws of the Los Angeles County Medical Association, and the following officers were elected: Mrs. H. W. Pahl, president; Miss E. Krabsch, secretary. Board of Councillors—Miss Louise King, Miss Margaret Orr, Miss Harriet Ely, Miss Jane Pollock, Miss Katherine Caldwell, Miss B. Kimball, Miss E. Thomas, Miss A. Kauffman, Miss R. D. Dorst.

At the meeting of October 4th, following the business meeting. Dr. Walter Lindley, dean of the medical department of the University of Southern California, gave a very instructive discourse upon the value of organization and the benefits to be derived from State registration. The Los Angeles County Nurses' Association begins its work with eighty-three charter members, and we predict for it a great, good work in stimulating, protecting and elevating the profession of nursing in Southern California.

H. W. P.

DR. J. T. M. ALLEN IN MEXICO—A THRILLING TRIP.

ZAPOTE, Cheripas, Chihuahua, Mex.

We expected to come to Zapote by way of Nogales, Hermosillo, Guaymas and Alamos, but Mr. Oxnam, Jr., who made the trip with us, received word that the rivers were so high it would be very unwise to travel by that route, so we came in by way of El Paso, the city of Chihuahua and Minaca. We left the Mexican Central Railroad at Chihuahua, and took a ten hours' ride on a narrow-gauge road to its terminus, which is at Minaca. From there on all

traveling is done in the saddle and all freighting by pack mules. We (there were seven in our party, including the Mexican servants or mozos,) had to travel two hundred and sixty miles in this way, and we made it in eight days. The trip would have been made in seven days had it not been for the fact that one of our pack mules gave out and had to be left behind in charge of one of the mozos. Fortunately, we arrived at a mountain ranch that night, and a relief party, in the shape of another mule and another mozo, was sent back over the trail to bring in the pack.

We had been told that the Minaca, or Chihuahua trail, as the people down here call it, was a very beautiful one, but I, for one, did not expect the scenery to be as magnificent as it proved to be; it was simply grand all the way in. The trail proper is a joke in some places; in fact, there is no trail, and the way in which those mules walked right along over places where a man would have to cling with both hands and feet was a revelation.

Part of the time we would be riding through a beautiful park-like stretch of country and then again the mules would be fording a mountain stream, sticking like flies to the face of a precipice, making one feel as though on one side the rock was pushing one out of the saddle and that on the other it was too deep for a comfortable fall.

We enjoyed the trip thoroughly, and arrived in Zapote in good condition.

This company owns one hundred and twenty-five square miles of land, and some of the mines are quite a long distance from my headquarters at Zapote. Zapote is simply a company concern, and does not appear on the map. The stamp mill, cyanide plant, machine, carpenter and blacksmith shops are all located in Zapote, as are also the assay office, company store and general offi-

ces of the company. There is no mine close to Zapote; the nearest is at Palmary's, twelve miles from here. Besides being the nearest, Palmary's is also the largest of the company's mines. I make one regular weekly trip there, riding up one day and returning the next, but of course am subject to call to any of the outlying mines at any time. My work so far has been medical, with a few minor surgical cases sandwiched in between.

Chinipas is two miles from Zapote, and is not on the company's land. It has a population of about 2500, and is of interest chiefly from the fact that the postoffice and telegraph office are situated there. The town is built entirely of adobe.

I think the experience here will do me a great deal of good, from a professional standpoint, but I shall be very glad to return to Los Angeles when the proper time comes.

Yours sincerely,

J. T. M. ALLEN.

CALIFORNIA PUBLIC HEALTH ASSOCIATION.

The next meeting of the California Public Health Association will be held in San Francisco on October 29th, Saturday. The sessions will be held in the assembly room of the Board of Health, in the City Hall. There will be a morning session at 10 o'clock and an afternoon session at 2 o'clock. And a banquet will be given the members by Dr. J. W. Ward, president of the local Board of Health. The banquet will be given at the Bohemian Club, at 6 o'clock, Saturday evening. The following papers have been programmed:

1. "Sanitary Legislation," Hon. W. I. Foley of Los Angeles; 2. "Prevention of Typhoid Fever," Dr. Geo. F. Reinhardt of Berkeley; 3. "Observations While Traveling," Dr. R. L. Wilbur of Stanford; 4. "Modern State Hospital Sani-

tation," Dr. Kelley of Agnews; 5. "Flies as Carriers of Contagion," Dr. Geo. H. Aiken of Fresno; 6. "Medical Inspection of Schools," Dr. Edward von Adelung of Oakland; 7. "Milk," Dr. D. F. Ragan of San Francisco; 8. "Service in the Laboratories in Municipal Health Boards (Post-Prandial)," Dr. J. W. Ward of San Francisco.

Officers of Association.—Dr. LeMoyne Wills, president; Dr. Ross, vice-president; Dr. N. K. Foster, secretary-treasurer.

Executive Committee.—Dr. Edward von Adelung, chairman, 1068 Broadway, Oakland; Dr. N. K. Foster, Dr. William Simpson, Dr. D. F. Ragan.

BOOK REVIEWS.

A very instructive monograph is that entitled "Medical and Hygienic Exhibits at the Louisiana Purchase Exposition," by Guy Hinsdale, A.M., M.D., of Hot Springs, Va., secretary of the American Climatological Association. As the author says, "at no previous exposition has there been such a systematic display of the science and art of medicine as is found at the Louisiana Purchase Exposition at St. Louis. The visiting medical man is at once impressed with the magnificent exhibits in all matters relating to social economy."

All physicians interested in the treatment of diseases of the kidneys should send to the authors in San Francisco for the following reprints: (1.) Determination of the Functional Capacity of the Kidneys. (2.) Aseptic Catheterization of the Urinary Passages. (3.) Investigations of the Newer Methods for Diagnosing Unilateral Kidney Lesions. By M. Krotoszyner, M.D., and W. P. Willard, M.D.

The following reprints have reached us from J. Henry Barbat, Ph.G., M.D., Instructor of Surgery, Medical Department University of California, San Francisco: (1.) Fractures Into and About the Elbow Joint. (2.) Surgical Treatment of Chronic Dysentery. (3.) Uretero-Cystostomy, with Report

of Case. (4.) Strangulated Femoral Hernia Containing Appendix.

"A Meteorological Study of the Winter of 1903-04" is the title of an exhaustive reprint, the aim of which is to show the great advantages of Denver over such cities as Buffalo, Chicago, etc. The author is Carroll E. Edson, A.M., M.D., of Denver, Colo.

"Vesicle Retention of Urine" is the title of an important reprint by Ferd C. Valentine and Perry M. Townsend of New York City.

"Primary Perichondritic Abscess of the Thyroid Cartilage Due to Typhoid Fever. (With report of one case.)" is the title of an interesting reprint by Dr. Henry Herbert of Los Angeles.

BLAKISTON'S QUIZ-COMPENDS: A COMPEND OF MEDICAL LATIN. Designed Expressly for Elementary Training of Medical Students. By W. T. St. Clair, A.M., Professor of the Latin Language and Literature in the Male High School of Louisville, Kentucky; Author of "Caesar for Beginners," "Notes to Caesar's Gallic War, Book Three," etc. Second edition, revised. Philadelphia. P. Blakiston's Son & Co., 1012 Walnut street. 1904.

St. Clair's Latin aims to present to the student of medicine, in a plain and practical way, the fundamental principles upon which the medical language

NOTE. All books reviewed in this department that are published by Lea Brothers & Co., and D. Blakiston's Son & Co., are for sale by Fowler Brothers, No. 221 West Second street, Los Angeles.

is built. As the author himself says in his preface, the book is "a patient and careful helpmate to guide the student through the perplexing mazes of the special terms and phrases used in medicine." It teaches a large vocabulary of important medical words lesson by lesson, explaining all technical terminologies and presenting numerous examples which help to fix the words and terms firmly in the student's mind. Upon the words informing phrases and sentences are built. The imperative, subjunctive and gerundive forms used in prescriptions, dictations, etc., are thoroughly given.

The second edition, now published, and just out, represents a complete revision of the older text, with many valuable additions and corrections.

TAYLOR ON GENITO-URINARY AND VENEREAL DISEASES AND SYPHILIS. A Practical Treatise for Students and Practitioners. By Robert W. Taylor, A.M., M.D., Clinical Professor of Genito-Urinary Diseases in the College of Physicians and Surgeons, New York. New (third) edition. Revised and enlarged. Octavo, 757 pages, with 163 illustrations and 39 plates in colors and monochrome. Cloth, \$5.00; leather, \$6.00; half morocco, \$6.50, net. Lea Brothers & Co., Publishers, Philadelphia and New York. 1904.

A very comprehensive work, embracing the entire range of diseases affecting the genito-urinary organs of both sexes, excepting those which are purely gynecological. In addition to the non-specific ailments, gonorrhea in all its phases and syphilis in all its conditions and relations have been fully considered.

In acute gonorrhea the author advocates cleanliness, rest, bland non-stimulating diet, drinking water copiously, bowels well opened, frequent plunging of penis in hot boric acid water and cautious use of drugs. When the urine scalds painfully he uses bicarbonate of potash, one ounce to eight ounces of water, one tablespoonful after each meal.

He opposes the use of absorbent cotton over head of penis or any other dressing that keeps the pus in contact with the meatus. The author opposes the use of copaiba, cubebs or santal wood before the disease has reached the declining stage. He says: "Saline cathartics and the natural cathartic waters are to be avoided, as much of the sulphate of magnesium passes off in the urine and irritates the urethra." He is not at all enthusiastic about the "Method of Janet," *i. e.*, the use of permanganate of potassium solution for irrigating the bladder by means of a fountain syringe. This is a sane, safe book, and the general practitioner who becomes permeated with its teachings cannot relapse into a condition of innocuous desuetude in treating these diseases that are the real method of race suicide throughout the world.

THE MOTHERS' MANUAL. A MONTH by Month Guide for Young Mothers. By Emelyn Lincoln Coolidge, M.D., Visiting Physician of the Out-Patient Department of the Babies' Hospital, New York; formerly House Physician of the Babies' Hospital, New York; Physician in Charge of the Babies' Clinic of the Society of the Lying-in Hospital of the City of New York. Illustrated. A. S. Barnes & Company, New York. 1904. Price, \$1.00 net.

This is a safe, practical little work which a physician can well recommend to the young mother. Every doctor is frequently asked for some work of this kind, and he need not hesitate to suggest "The Mothers' Manual."

Dr. S. A. Knopf, in the New York Medical Journal, says that five years' work as a street cleaner of New York City makes the average individual a consumptive. He attributes the great death rate from tuberculosis among street sweepers to be due to the fact that the streets are swept dry, and urges that water be used more liberally.

In Los Angeles arrangements are being made to oil all of the streets. This will save many, many people from contracting tuberculosis. The sooner our city authorities make the use of oil on our streets universal the sooner will we greatly reduce the mortality from tuberculosis.

A REFERENCE HANDBOOK OF THE MEDICAL SCIENCES: Embracing the Entire Range of Scientific and Practical Medicine and Allied Science. By various writers. A new edition, completely revised and rewritten. Edited by Albert H. Buck, M.D., New York City. Eight volumes, imperial octavo. Volume VIII. Illustrated by chromolithographs and 435 half-tone and wood engravings. New York: William Wood & Co. 1904. Price, muslin, \$6.00 per volume; leather, \$7.00 per volume; half morocco, \$8.00 per volume.

Dr. Albert H. Buck has with this volume completed a work of monumental importance to the medical profession. Each of these eight volumes has brought forward the latest researches of our ablest men. In this, the eighth volume, there are most thorough contributions on the urine from the pen of Albert C. Croftan, Chicago; on the uterus by Henry D. Beyers, Philadelphia, and on vaccination by Samuel W. Abbott, of Boston. These three articles are of remarkable merit.

There are also a number of articles by the greatest of authorities on American Climatology, Dr. Edward O. Otis, of Boston. We quote the article on Yuma, Ariz., by Dr. Otis, which we know will be thoroughly appreciated by our readers.

About one-third of this volume is given to an appendix containing the advancements and improvements that have taken place since the other volumes were issued. A very complete general index completes this most excellent number, and is a valuable summing up of this most comprehensive work.

The editor, Dr. Buck, and the publishers, Messrs. Wm. Wood & Co., have

placed the profession of medicine under lasting obligations.

THE SUPPRESSION OF TUBERCULOSIS, together with Observations Concerning Phthisiogenesis in Man and Animals, and Suggestions Concerning the Hygiene of Cow Stables and the Production of Milk for Infant Feeding, with Special Reference to Tuberculosis. By Professor E. von Behring, University of Marburg. Authorized Translation by Charles Bolduan, M.D. First edition; first thousand. John Wiley & Sons, New York. London: Chapman & Hall, Limited. 1904. Price, \$1.00.

It is a pleasure to review this translation of the works of Prof. Behring, and those members of the medical profession who are unable to read the German are to be congratulated on having these important papers brought before them.

This small book brings before us the important theory and the practical work which has been done by Prof. Behring in the way of immunizing against tuberculosis. While all will not agree with the author, yet it is well to read all sides of these important questions. Behring differs so widely from Koch that his views should certainly be read.

While this little book contains only a few of his important papers, yet it is sufficient to acquaint one with the work that he is doing, and the proofs that he has brought against the theories of Prof. Koch. He takes the bold stand that milk fed to infants is the chief cause of consumption, and supports it with experiments and important statistics. He believes that infection takes place in infancy and early childhood, and makes the distinction between the early invasion and the consumption which develops in later life.

The book is very readable, and deserves the hearty reception at the hands of the profession. F. M. P.

SIMON'S PHYSIOLOGICAL CHEMIS-

TRY. A Text-Book of Physiological Chemistry. For Students and Practitioners of Medicine. By Charles E. Simon, M.D., late Resident Physician, Johns Hopkins Hospital; author of Simon's Clinical Diagnosis, etc. New (second) edition. Revised and enlarged. Octavo, 500 pages. Cloth, \$3.25, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

Although the first edition of this work was published only three years ago, yet the advance in chemistry has been so rapid that in this new edition the chapters on the albumins, on the products of nitrogenous katabolism, on gastric and tryptic digestion, have been practically rewritten. The science of physiological chemistry has for its object the study of the various chemical processes which take place in the bodies of animals and plants. It deals primarily with the chemical processes of nutrition in the widest sense of the term. Its study, therefore, comprises a consideration of the various substances

which are generally designated as food-stuffs, their origin, their transformation into living tissue, and their ultimate fate. What more important topic is there for the study of the medical profession? This work throughout is written in an interesting style. In speaking of Trypsin, the author says:

"Trypsin is the most important proteolytic ferment which is found in the animal world, and its action on albumins is fully capable of replacing pepsin when this is absent. Its digestive power is much more extensive than that of pepsin. The chyme of the stomach reaches the duodenum at beginning of the fourth hour after a full meal; the height of pancreatic digestion lies between the third and the fifth hour."

Throughout, this work is pregnant with facts having a practical bearing, and, while it is intended primarily for the student, it is valuable as a volume of reference for the practitioner.

OLD TAUQUITZ.

BY HELEN LUKENS JONES.

With the Indians for spokesmen, Tauquitz becomes reminiscent, and divulges the secrets, the escapades, the incidents, the crimes, the debaucheries of the century. From time immemorial the old mountain has loomed as a monumental effigy of evil—a thing to inspire terror of the most infinite type—before the aborigines that huddled and struggled for a meagre existence among the rugged foothills of the range. This mountain is the legendary home of the devil, and within its rock-riveted confines all the orgies of hell are supposed to be in continual progress.

At irregular intervals during each year, strange and fearful noises issue from the bowels of the mountains, while

the great platform of earth shakes and trembles as if the foundations were loose. These noises have been heard by white people living in the vicinity. They are not legendary noises, but actual noises caused by seismic disturbances and by combustion of subterranean gases. Scientists and geologists can discover no evidences that Tauquitz is an extinct volcano, nor do they predict that it will ever break forth into volcanic wrath. The mountain is simply an immense nature music box, which when wound up by the elements is bound to play its own unique melody of discordancies, to the utter distraction of the Indians. There is no lava, and there are no volcanic incrustations about

*Tauquitz is the mysterious mountain in the San Jacinto Range, which, being 7500 feet above the sea, overlooks Idyllwild, Strawberry Valley.

the place. The rocks of which the titanic walls are constructed are of granite, clean and smooth-shaven as if hewn by an artisan.

Satan certainly must have had artistic notions as to environment when he selected Tauquitz for the watch tower from which he could view the world, for it is located in a mountainous region of scenic splendor. From the crest, a magnificent panoramic view of fertile valleys, heat-swept desert, moun-

and cared for by Nature's landscape artists. It is a typical sylvan retreat that would have instilled supreme joy into the hearts of the Druids. Here pines and streams and birds constitute an orchestra the melodious tones of which would satisfy and console the most fastidious sovereign. Myriads of ferns, flowers, wild growths and delicate grasses carpet the valley and wall the hallways of the mountain, through which the rollicking streams leap over



A Gorge on the Mountain.



Where the View is Unobstructed.

tains and forests can be obtained; scenes most variable as to characteristics, yet all helping to increase the aesthetic value of the great outdoor picture. On one side of the mountain, the desert influences creep close, burning, scorching and demoralizing the aspect of the country. At the base of the rock mass on the other side, in striking contrast to the desert barrenness, is Strawberry Valley, an exquisite garden several thousand acres in extent, planted

boulders in their merriment and joy of life, as children leap over chairs.

Many, many years ago, the Indians christened this beautiful valley "Devil's Park." They staunchly believed that the emissaries of Tauquitz, his entire household retinue and all his victims participated in field sports and all sorts of furious orgies on the meadow in this park, while the great sovereign of evil himself sat majestically on the pinnacle of the mountain half way between

heaven and earth and watched proceedings, roaring with ecstasy, at the animated spectacle of demons fighting and wrestling and struggling with demons, and clapping his hands with such magnetic enthusiasm that stars were given birth in the heavens.

The Indians believed the mountains to be the grand reception hall of Hades, from which radiate the various apartments and departments of the great institution. They describe the proprietor as a fine specimen of manhood, tall, broad-shouldered and dark, with marvelous physique, powerful intelligence, and illimitable strength and influence. That they choose an American to impersonate the mighty instigator of evil and perform the duties of universal jailor is either an impertinent insinuation against the morals of the white man, or a compliment to his capability of superintending the great criminal monopoly.

As they picture Tauquitz, he is the typical American gentleman, always

dressed in the mode. During recent years he has been sporting patent leathers, stove pipe hats, broadcloth and gold-headed canes. He has conscientiously followed the styles of each consecutive age, and he has always been so immaculately groomed and has exhibited such a profusion of wardrobe that the resident tailor must have had to exercise his skill to the utmost to keep the handsome devil in proper trim.

Sometimes this celebrity of subterranean regions would issue from his haunts in daylight and fair weather, though more frequently his approach would be heralded by a wild play of the elements, principally thunder and lightning. The lightning was supposed to be sparks escaping from the great furnace, and the thunder the banging of doors as the representative of Hades took his departure from his mountain retreat.

His greatest delight was to roam about the Indian villages, where he



Tauquitz Ridge.

made love to the most beautiful maidens. With his captivating manners and magnetic personality he completely fascinated the tawny skinned beauties. While under his influence they were as helpless as birds before some glittering serpent. He would entice the fair ones up the rock-strewn walls of Tauquitz and take them in the depths, where he was supposed to have a magnificent harem far excelling in glitter and luxurious accoutrements anything on earth. These depredations continued until the Indian tribes were despoiled of their most precious possessions—the bright-eyed, laughing maidens who were the sunshine of the Indian world.

Some of the oldest of the aborigines at Saboba, a sparsely populated settlement among the foothills of the San Jacinto mountains, tell the story of one of their maidens who was bewitched by his satanic majesty and imprisoned in the great rock palace. The story runs like this:

All day the girl had been in the forest gathering acorns, which her people use for making flour. Just as the sun was sinking in a sea of glory on the western horizon, she trudged into camp, her bag of acorns on her back. She was weary and hot and dusty. With a sigh of relief, she dropped her burden, took the yellow clay orio from its resting place under a sycamore tree, poised it easily and gracefully on her head and went for water to the spring among the willows.

She was simply gowned in dark wool cloth of reddish hue, which clung closely to her lithe figure and brought out the melodious curves. The skirt was short. Her feet were bare. Her wonderful masses of hair that gleamed dark and smooth as a blackbird's wing were bound in two long braids, but a few restless wisps rippled about her face, softening the lines and adding to the coquettishness of her appearance. Her complexion was exquisitely clear and

rich, and was only half browned as is the case with many half-breeds. Taken as a whole she was a luxuriously witching little maiden.

When she reached the spring a handsome man was leaning against the edge of the rock wall from which the water gushed. The girl was startled, and in her agitation almost dropped her orio. He was the grandest, most splendid specimen of the genus *Homo* she had ever seen, and all the romantic ideas of girlish youth were awakened and invigorated a hundred fold in his presence.

The fire from his black eyes was soul-enveloping. It seemed to creep and tingle and wrestle in her veins until her very life-blood was shamed into inaction.

The willows clustered close. The two were alone. Tauquitz—for it was he—spoke to her in her native tongue in a voice melodious, a voice that vibrated with half-suppressed adoration and passion.

"Come with me, child. I have a beautiful home. I will give you silks and laces and jewels and everything your heart desires. Come!"

He took her hand. His touch as well as his glance was hypnotic. She was completely and irrevocably under the spell of his mighty influence. Dazed and mentally apathetic, she followed him like a child.

By this time it was night. He led her through patches of mesquite and spiked yucca, through rock-strewn canyons, through forests, and finally they scrambled up and over the titanic boulders that covered the crest of the mountain. He took her into the depths, and as they entered, the great rock door rolled shut with a crash that reverberated through the heavens like thunder—a crash that made the Indians in the lower valley tremble with fright and horror.

Four hours they had been searching



A View from Tauquitz.

for the beautiful Wanda, the flower of their tribe, but when they heard the mountain creaking and the thunderous road, premonitions of evil thronged their hearts, and they realized the miserable truth—that Tauquitz had been on one of his piratical tours, and had bewitched and carried off Wanda, just as he had carried off other beautiful maidens.

To eliminate the evil influences which Tauquitz seemed to have shed broadcast in the community, the Indians built great fires, around which they danced and shouted and wept and prayed for two days and nights. When they had thoroughly renovated the atmosphere by this process, they went into an extensive period of mourning, which was succeeded by a fiesta of magnificent proportions. In preparation for the fete the Indians built an immense inclosure of lithe young willows, in which they played games and indulged in various

and unique orgies until they felt they had done penance for the sorrow they had experienced. They then ceased operations and resumed the ways of ordinary, every-day life.

Years passed. The companions of Wanda's girlhood had become feeble and tottering with age. They were too old and helpless to even make baskets. They could not see to weave the straws, and the intricate patterns they had once fashioned with such marvelous skill now puzzled and blinded both their mind and their eyes. Their lifework was finished, the book of their industry closed and sealed, and their only recreation was to squat about the huts, and with half-seeing eyes watch the flittings of the younger generation.

About this time Tauquitz became restless and started out on one of his periodical jaunts of worldly inspection. In his haste he forgot to close the door, and thus the entire population of Hades

was exposed to the temptation of freedom.

Ever since she had been imprisoned in the royal apartments of hell, Wanda had been striving to escape and return to her people. On the day of Tauquitz's departure, she was wandering aimlessly and despondently about the spacious hallway, when she discovered that the stone had been rolled away from the entrance. A shaft of glorious sunlight, heaven sent, crowded the opening and transformed the dark depths into luminous splendor, while a delicious breath of the great out-doors, aromatic with the rosinny fragrance of the forest, swept into the close-vault-like corridor as water streams into a tunnel.

She gazed wonderingly at the opening. She rubbed her eyes suspiciously. Yes, the door was open. She could escape. The supreme joy of it all made her stagger. She clutched at the rock wall of the great furnace for support. The heated stones scorched the delicate flesh of her hands, but in her excitement she heeded not.

Out through the gateway she cautiously crept, moving slowly, silently at first, then speeding madly toward home and liberty, springing over rocks and brush, and every obstacle that blocked her pathway, with the agility of a deer.

The years of her captivity had not altered her appearance in the least, for from a fountain in the palace of Tauquitz gushed the spring of eternal youth, in which the beautiful maidens of the devil's harem disported themselves each day in order to drive away any defacements that age and time might lavish.

She reached Saboba, her childhood home, just at dawn, when the inhabitants of the village were beginning to show signs of activity.

But everything seemed strange to Wanda. The wigwams and adobe huts

had been replaced by a protecting government with small board structures. The faces that peered at her from windows and doorways were unfamiliar. A sob of disappointment and misery clogged her throat. The animation died from her face, and in her panting grief she tore the laces from her throat that she might better breathe. She was gowned in all the splendor of jewels, laces and silks, but the fabrics were sadly torn and tattered from her wild flight through the forest. It was a garb weirdly inappropriate in the dusty streets of Saboba and vastly different in texture and style from the one she had worn when she captivated Tauquitz at the spring among the willows. In the distance she could see the same clump of willows, taller, more dense. She shivered.

An old man, wrinkled and gray and decrepit, hobbled from one of the cabins. He came close and looked into the girl's face long and earnestly. He recognized her as the little sweetheart he had loved and cherished and lost so many years. A light like that from a halo illumined the haggard, weather-scarred face. Expressions of reverence, adoration and supreme happiness tottered from the toothless mouth.

The girl stepped back, full of repulsion. Could this bent, ungainly, twisted figure with the eerie visage be all that was left of the magnificently handsome Black Hawk she had loved so well, with whom she had wandered through the forests, listening to softly whispered protestations that thrilled with their joy. Always had Black Hawk been with her. He helped her gather reed for her baskets. He helped her beat the fibres from the yuccas with which to make the beautiful mats. Together they had sped through the wilderness on fiery broncos, frightening coyotes and rabbits and ground squirrels from their lairs. Oh, the exhilaration of that wonderful life! and

memories thronged about her like an encroaching tide. But this old man was a distortion of the past. Again she stepped back, so hastily that the sharp needles of a yucca which was growing by the roadside pricked her viciously.

"Wanda! Wanda! tell me—answer me!" whimpered the old man. "Where have you been?" The wrinkled hands trembled as he leaned heavily on his staff. There was something weirdly pathetic about the figure that half crouched in the dust, and the yearning in the bleared eyes seemed to implore, to beseech the girl's confidence and pity.

Forgetting the admonition of Tauquitz that if she ever escaped and revealed the secret of her captivity, she would fall dead, and overcoming somewhat her antipathy for the eager old man, she spoke. She told him the story of her capture, her imprisonment, her escape. When she had finished a strange pallor swept over her face, a

convulsion, and she dropped at his feet—dead.

When Tauquitz returned to the mountain and found that through his carelessness his most beautiful maiden had escaped, he was furious. That night he held consultation with the elements, and the result of this consultation was a violent storm that raged and roared and boomed until the very universe shook and trembled as if gripped by the mighty hand of wrath.

The Indians crouched in the villages in abject terror, awed into mental and physical inaction by the elemental tumult. All the wickedness, the viciousness, the murderous instincts, the antagonisms and the demoniacal tendencies of Tauquitz were expressed and demonstrated to the full that night. The lightning literally tore clouds and sky into fragments, then descended and crashed and fought in luminous streaks among the pines until the forest trees



The Saw-Tooth Ridge of Tauquitz.



On Tauquitz Mountain.

were scarred and torn and split in twain. Thunder roared above the tumult like notes from titanic battle-drums. The subterranean furies and powers were also appointed a mighty task, and very well they performed their duties. They took the earth on their Stygian shoulders and shook it until the structural foundations rattled. Then with murderous imprecations they tossed it from them, letting it drop with such a crash that an entire mountain top in the range toppled over.

Never so long as life lasts will the aborigines forget the horrors that accompanied that storm, which in addition to the furious electrical display in the mountains, produced one of the most disastrous earthquakes ever experienced in the south land. Several Indian women were crushed by falling walls, and the powers of destruction wrought havoc everywhere.

The Indians believe absolutely that

Tauquitz was responsible for the storm, and no power on earth could convince them to the contrary. They regard the mountain with great suspicion and avoid the meadows and valleys leading to it as they would avoid eternal damnation. During an electrical storm they believe the lightning to be sparks escaping from the great furnace as Tauquitz makes his exit into the world, and when rumbling noises issue from the mountain they tremble with fear and anticipation of evil, believing the sounds to be the groans of maidens who are being tortured by their arrogant master.

Never in the history of Tauquitz has a rattlesnake been discovered on the mountain, a fact that indicates the existence of a mutual antipathy between reptile and man for the weird, wind-swept rock mass where Satan is supposed to dwell.—*Overland Monthly*, June, 1904.

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EUROPEAN SANITATION OBSERVATIONS.*

BY RAY LYMAN WILBUR, M.D., STANFORD UNIVERSITY, DEPUTY COUNTY HEALTH OFFICER SANTA CLARA COUNTY.

In this short paper it is proposed to touch only upon a few points of observation of the ways in which various health problems are handled by foreign governments or communities. I have made no extended study of their methods, and any value that these remarks may have will be only in the line of suggestion. The problems of sanitation are different in European countries from those in our own, because they have had to deal with long established customs and arrangements. Sewers and water supplies have had to be grafted on the crowded communities with narrow public streets, often in them the accumulated filth of centuries. The old common pump or fountain and garbage dump, frequently in the street, have been gradually succeeded in the better cities and towns by water pipes and sewer lines. These are inadequate in size and number in some parts of most of the greater European cities. This is often due to the former necessity of protection and the consequent

huddling together of houses within the boundaries of a wall for purposes of defense, and has led to an amount of crowding and unsanitary arrangement that only a complete destruction of large parts of many cities has been able to overcome. In many cases the presence of these walls has been productive of good, for they were public property, and as they have been demolished, parks have taken their place.

The large public gardens and the numerous small parks in all of the greater European centers are a source of surprise to the American, accustomed to the scant number of such breathing places furnished by most of our cities. On the whole the deplorable conditions of the European past have been largely done away with, except in the smaller places, but in the south, particularly in Italy, it is a marvel how the people are able to survive. Rome is now a modern city with a magnificent water supply, clean streets and good drainage, but many of the other Italian cities are

*Read before the semi-annual meeting of the State, County and Municipal Sanitary Conference of California, October 29, 1904.

so dirty, the public urinals so open and foul, the sewage disposal so inadequate and the water supply so questionable that one is tempted to believe that but for the red wine so largely consumed instead of water the inhabitants must succumb.

In many parts of Europe visited, especially out of the beaten track of the tourist, it is astonishing to see how far behind apparently thriving cities are in the matter of sewage disposal. Small hotels with open undrained shafts for waterclosets are common, and the drinking water is often from a pump or fountain at some street corner where all sorts of contamination are possible. Changes come slowly and innovations meet with approval more slowly still. Yet there are constant efforts being made by the governments to improve sanitary conditions, and because of the centralized power and the initiative of the general governments these often succeed in spite of the apathy of the smaller communities.

In many ways one sees much to learn and is often struck with the careful attention given to things that go at loose ends with us. The benefits of an older civilization are frequently in evidence and open the American's eyes to the fact that his ways are often crude and unformed.

It might be worth while to speak of a few points noted in regard to several of the cities and governments and their handling of sanitary and allied problems. London is noted for the magnificent control of its street traffic by the police, but the stranger is also impressed with the care given the streets and the immense body of men employed to keep them clean. Along the edge of the sidewalk tall rectangular iron boxes are provided so that the hand street sweepers who are constantly at work may deposit their sweepings without delay. These boxes are emptied regularly into water-tight box wagons. Recently small wire baskets for orange

and banana peel and papers have been attached to them. The streets are regularly sprinkled, and once in twenty-four hours a strong antiseptic solution is hosed from a tank wagon into each gutter. These measures, combined with the damp climate, keep the streets unusually free from dust. Expectoration laws are in force and notices are to be seen in all public places and conveyances warning the public not to expectorate except into proper receptacles. Large numbers of public urinals and waterclosets are located under the streets throughout the city. These are entirely out of the way of traffic and are well drained and kept up. Care takers are provided who keep everything clean and in good order. By paying a small fee (two cents, usually,) perfectly clean and private toilet facilities are available. Similar closets are found throughout most of Europe, but in such places as railway stations, etc., small fees are usually exacted. But since by this means cleanliness is obtained no one need object.

The water supply of London is derived from a number of different surface sources, and while it is being constantly under observation and complained of, and is said to contain a high percentage of micro-organisms, it seems to be free from typhoid bacilli. Some of the water companies use gravel filtration beds, but no uniform consistent effort to keep all of the London water free from contamination is evident. The oysters of the English coast and also those from Holland are at present looked upon with much suspicion. The typhoid fever in England is said to be largely due to the consumption of shellfish fed by the sewage from its cities. So much has been made of this that the oyster trade has become demoralized and the oyster companies themselves have taken the matter up and have closed many beds near sewer openings and are offering for sale only oysters coming from tested areas.

The milk of London comes largely from nearby dairies. A considerable amount of this reaches the consumers through small shops. Milk supervision is spasmodically strict, but the area to be covered is so great and the number of health officers so limited that many fearful concoctions are sold to the poor of London. In general the feeding of the poor children of England is about as bad as it could be. Barley water, tea, toast and small amounts of slightly diluted so-called milk make up the diet of a large proportion. Attempts to give instruction through health offices to the parents in regard to the feeding of their children are made in many cities, but the formulae advised are usually far from good. A number that I have seen prescribed equal parts of milk and water for infants a few days old. It is difficult to purchase in the whole of London a satisfactory milk sterilizer or Pasteurizer, and proper nursing bottles and nipples can only be obtained by special effort. The use of tube nursing bottles and the baby soothers is very common. Milk bureaus have been established for modified and sterilized milk, but their products are so expensive as compared to the usual price of milk that they are used only by the rich or well to do. The life of the child is certainly of little value among the poor of England, for less attention is paid by the government to its protection than in France, where the public milk bureaus and instruction clinics are of great service. The English laws regulating the sale of milk, bread, etc., are good, and many convictions for violations are made, but the inspection forces are inadequate. There exists also a more general small unscrupulousness among the small tradesmen than is usually found in this country. The compulsory vaccination law of England works fairly well and is enforced. There is considerable opposition to it, and comparatively many take advantage of the clauses in the law per-

mitting their children to escape because of ill-health or a definite moral objection to vaccination. But as both of these exceptions have to be established before a magistrate, only people with money or too much leisure escape the law. England is well supplied with that leisure class who, for lack of something better to do, spend their time in anti-vaccination, anti-vivisection and anti-antitoxin crusades.

The isolation of smallpox and other infectious diseases is well carried out. The anchored ships in the lower Thames and the fever hospitals in various parts of London render much service in preventing the spread of disease. The control of individuals exposed to contagious diseases seems still to be in a somewhat nebulous state and to vary much in different parts of England.

Public baths are common in some districts of London, and while many of them have been established by private munificence they are controlled by the borough councils.

Many of the smaller cities of England are models of cleanliness and of drainage and water supply. A number of them have sewage farms operated by the town and these farms are usually successful.

On the Continent in Paris, Vienna, Berlin and Rome the general care of the streets is similar to that of London. Less attention is paid to expectoration in public and to the disinfection of the gutters in Paris and Rome. The public urinals of Paris are very numerous and are placed right on the edge of the sidewalk, and are inadequately covered in; not only is the publicity unpleasant, but on hot days whole streets are frequently rendered offensive. Small buildings for toilet purposes are provided by most of these cities in the public gardens or along the boulevards. In Vienna, new urinals are to be found which use only an oil with a clean tarry smell for flushing and which are otherwise odorless.

The water generally is held more or less under suspicion throughout many parts of Europe. The new water supply of Vienna comes from the high Alps and is a model of what the supply of a great city should be. In Prague, Austria, I saw many notices posted in public places warning the citizens that the town water was unsafe for drinking purposes unless thoroughly boiled, and stating underneath the number of typhoid cases in the various hospitals.

In Copenhagen I had the opportunity of visiting the government serum institute. Here, as elsewhere, one is struck with the active interest shown by the governments in the development of scientific knowledge; not only is provision made for the establishment and control of public laboratories for various kinds of practical work, but also opportunities are offered for investigation and the salaries of many men are government paid who do no work but investigation. In Denmark the government manufactures its own diphtheria antitoxin and provides it in carefully sterilized receivers to all physicians free for use with their patients. This is certainly a distinct step in advance.

Within the German Empire many things strike the observer as indicating the careful supervision of the government over sanitary problems. This is sometimes almost too exacting and would seem to many American communities as meddlesome. For instance, it was compulsory for all school children to take a bath twice per week in a public bath-house located on the river near one of the towns in which I lived. This only held for a certain season, but the amount of home bathing made no difference. Communities in Germany differ much in the way they manage their sewage disposal and get their water supply. Northern Germany in much more advanced than southern in these particulars, as in most others. The filter-bed system of Berlin is justly celebrated for its careful arrangement and successful

results, and its sewage farm is so well operated that the vegetables from it are preferred by many and are frequently advertised as such. The control of vaccination is admirably carried out. By means of the compulsory system of birth and transient registration all children within the empire come under the notice of the law and there is no escape. Notices are sent to the parents before the child reaches the age limit instructing them how to prepare the child for vaccination and when and where to bring it to the public vaccinator in case this has not been done previously by a private physician. As a result of this, and the revaccination when the men enter the army, or in Prussia at twelve years of age, small-pox is practically unknown. Contagious wards or hospitals are to be found in most cities. By means of the system of government paid and appointed physicians for the poor and the establishment of the so-called "kraukencassen" offices for treatment, many of the sick are cared for outside of hospitals. But this is not on the whole satisfactory. Many abuses have arisen and the means for the care of the sick are often inadequate. Recently in Leipsiz a sharp contest between the private physicians and the public medical men resulted in a victory for the private physicians and a limitation of the responsibility and functions of the "kraukencassen."

The control of the milk supply differs markedly in different parts of Germany. In some communities it is very rigid. Milk for the most part is peddled about in small quantities by means of dog or man carts or is sold at small shops dealing in cheese, eggs, honey, etc. I have frequently seen one of these carts stopped by an inspector who tested each can in turn, while the driver of the cart looked on in a most indifferent manner, as if he was accustomed to such a formality. In Frankfort-on-Main a body of physicians have arranged for and supervise a dairy, the milk of which

can be safely used for milk cures, etc. Very little ice is used for the preservation of milk, butter, etc., in Germany, and things spoil quickly in hot weather. Here, as in England, small pots of cream are sold with a label stating that they contain a small percentage of boric acid. Judging from the frequency of intestinal parasites meat inspection does not accomplish all that might be desired in a country where so much raw meat is eaten.

Food adulteration seems to be common in many parts of Europe. In Italy I have found a piece of alum as large as a hazelnut inside of a small bun. Canned fruits and vegetables are generally regarded as containing preservatives as well as chemical substances to preserve the natural color of the product. The conscience of the manufacturer seems as elastic as some people think it is in America.

I could enumerate many more minor points, but this imperfect sketch, I trust, suggests at least four advances to which

our government should pay attention and which we should do all in our power to further:

First.—The passage of laws, preferably Federal, providing for the compulsory vaccination of children before they reach the age of one year.

Second.—The establishment of isolation hospitals other than our dreaded "pesthouses" for diphtheria, scarlet fever, etc., or at least the construction of wards for contagious diseases in connection with all of our public hospitals.

Third.—The growth of the public urinal and toilet system, so that we may have, in all of our cities, underground facilities for such purposes and not practically compel hotels, saloons and public buildings to provide them for the general public.

Fourth.—The development of government stations for vaccine and antitoxine production and the provision of them for free use at least among the poor.

A SURGICAL VACATION.*

BY W. W. BECKETT, M.D., LOS ANGELES, PROFESSOR OF GYNECOLOGY IN THE MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

We had a most delightful trip through Northern California, Oregon, Washington and over the Canadian Pacific to St. Paul, stopping one day at Portland, a day at Seattle and a day at Banff. At St. Paul we were entertained by Maj. E. B. Frick of Ft. Snelling, who is a personal friend and old schoolmate of Dr. J. Henry Barbat, the San Francisco surgeon, who was in our party, having graduated from the medical department of the University of California. Maj. Frick is a most delightful gentleman, a man who is well up in his profession and keeps himself so by frequent visits to the hospitals of St. Paul and Minneapolis, as well as by being a constant reader of the latest medical literature.

His hospital at Ft. Snelling is one of the best-kept hospitals I have ever seen; everything neat and in order; discipline perfect. It seemed to me that the sick soldier of Ft. Snelling was as well cared for, if not better, than the average patient in our best private hospitals. In his work, Maj. Frick appears to be constantly afraid that the government may go bankrupt on account of needless waste of hospital supplies. Every piece of gauze, every needle and every bit of catgut, no difference how small, must be accounted for. We had the pleasure of assisting the doctor in doing a cholecystotomy and an appendectomy. He has honestly earned the high position he holds.

*Remarks before the Los Angeles County Medical Association, October 21, 1904.

Dr. O'Brien of St. Paul showed us a number of very interesting operations. He is a splendid operator, enjoys a large practice and is very successful. He does his principal work at the St. Joseph's Hospital.

We saw Dr. Gillette of St. Paul do a club-foot operation after the method of Dr. Phelps. He is professor of orthopedic surgery, and is an excellent teacher.

Dr. Boeckmann, of the Boeckmann catgut and sterilizer fame, operates at the Lutheran Hospital. Dr. Boeckmann operates almost entirely without an anesthetic. It is remarkable how he can control his patients during the most severe operations with so little anesthesia. He usually gives his patients just enough chloroform to keep them quiet while he is making the incision through the skin. After that, the operation is continued with practically no anesthesia whatever. During an abdominal operation, Maj. Frick asked the duration of the patient's illness, when Dr. Boeckmann replied, "Ask her, she will tell you," and, much to our surprise, she was wideawake and promptly answered the questions put to her. Dr. Boeckmann remarked: "I must confess, I like to converse with my patients while I am operating upon them." Dr. Boeckmann is very careful in the sterilization of his catgut, dressings and instruments, and everything in his operating-room denotes thorough asepsis—yet I saw a patient placed upon the operating table for an abdominal section without any previous preparation whatever. He rubbed off the abdomen with gauze, wet with benzine, and then with a mixture of benzine, turpentine and formaldehyde. The latter solution he said he used for fear he might shock his assistants and visitors.

Dr. F. A. Dunsmoor of Minneapolis does more surgery than any man in that city. He has practiced surgery in Minneapolis for more than thirty years, and

from his practice, and from what I saw of him, I should judge he would be practicing surgery for more than thirty years more. He has one of the most beautiful residences at Lake Minnetonka it has been my pleasure to see. Dr. Dunsmoor is an excellent surgeon, careful as to detail, especially in the after-care of his patients. I believe this is one reason for his great success.

From St. Paul, we went to Rochester, where we had a most delightful week with the Drs. Charles and William Mayo. If you want to see surgery, go to Rochester. I presume there is no place in the world where you will see better and a greater variety of surgery than at that place. They average from ten to a dozen capital operations a day. It is a pleasure to see them work. Everything is in order and carried out after a perfect system. As soon as one patient is ready to leave the table, another patient is ready to be operated. There is no bustle or hurry or excitement. Everything goes along quietly and really very rapidly. It is hard to tell which of the two is the better surgeon. In fact, they are both such excellent surgeons that you could hardly call one better than the other. William Mayo, I think, seems to be more at home in the abdominal cavity, while Charles Mayo seems to be at his best while working on the neck. We could not have been more courteously treated than by these gentlemen. Every opportunity was given for us to see every detail of the operations, as well as to study the pathological conditions. They surely deserve the great reputation they have achieved. It was very refreshing to hear Dr. Mayo speak of his professional brethren, always in words of praise, never criticising the work of other men. In speaking of Dr. Finney's operation, he seemed really to feel sorry that Dr. Finney had never been given the credit that justly belonged to him.

From Rochester we went to Chicago.

Our first visit was to Dr. Ochsner's clinic. Dr. Ochsner probably does more surgery than any man in Chicago. If you want to see him operate, be sure to be on hand by 7 o'clock in the morning, get close to the operating table and stay there. There are always from twenty to thirty doctors present, who crowd up so near the operating table that it is almost impossible for anyone to see except those in the front row. When Dr. Ochsner goes into his new operating room, he will, doubtless, have better arrangements for his visiting friends to witness his operations. Dr. Ochsner is one of the great surgeons of our country.

We had a very pleasant visit with Dr. E. E. Dudley, who enjoys a most lucrative practice. In the line of gynecology, Dr. Dudley has done a great deal of excellent and original work, and his textbook is an authority that is esteemed throughout the United States. He ranks with the best.

We saw Dr. Webster do some excellent abdominal work at the Presbyterian Hospital. His asepsis is perfect. He is a very neat operator and exceedingly careful of his patient's welfare. It gave us great pleasure to see him do his own operation for holding the uterus in its normal position.

We had the pleasure of seeing Dr. Bevan do several operations, the most difficult of which was a splenotomy. The spleen was attached to the diaphragm by strong adhesions, which made the operation very difficult and necessitated the loss of a great deal of blood. However, the doctor succeeded in removing the spleen and getting his patient off the table in very good condition, and I am sure the patient made a good recovery. Dr. Bevan is an excellent operator and a most genial gentleman.

We spent several days with Dr. John B. Murphy at the Mercy Hospital. Dr. Murphy is probably doing more for surgery than any man in our country. He

can do more operations well than any man I have ever seen work. Dr. Murphy is what you might call a pretty operator. He always leaves his operation neatly finished, and is surely the most original man I know of. Three years ago, I saw him resect an ankylosed knee joint, throw a flap from the fascia latta between the denuded surfaces and suture it there for a new synovial membrane. As a result, he got a perfect joint. A few days before we arrived at Chicago, he did this operation again. The patient, while I was there, was able to bend his leg about forty degrees, and I am sure will soon have an excellent joint. He has now performed this operation five times on the knee, twice on the elbow and once on the hip joint, all successfully. Too much credit cannot be given the man who will originate and carry out successfully such surgical work. It goes without saying that all the leading surgeons of our country are aseptic in their work. I do not see how a man can achieve any degree of surgical success without being religiously aseptic. At Rochester, we found the patients very carefully prepared and aseptic methods carried out to the fullest detail. The same may be said of the other hospitals we visited. Gloves were used in malignant and septic cases. Most surgeons that we saw used gloves; although at times when it was necessary for more careful use of the fingers, the gloves were removed. Dr. Ochsner usually operates without gloves. Dr. Murphy uses his solution of guttapercha. Wounds in most cases were closed in layers. Some, however, closed with figure 8 or through-and-through sutures of silkworm gut.

Conservative Life Building.

Henry Briggs, the English mathematician, first suggested logarithmic tables with ten for their base, and made the tables therefor, in 1624.

EXSTROPHY, PREGNANCY, DELIVERY.

BY R. F. CLARK, M.D., LOS ANGELES.

In August, 1899, while attending Mrs. V., she informed me of the peculiar condition of her daughter, and after listening to her description of the case, I became very anxious to see her and make a thorough examination. She said she would try and have her allow it to be done, and on the 16th day of August, 1899, she, with her daughter, presented themselves at my office for the examination. On examination, I found that it was a case of exstrophy, with entire absence of vagina. I requested that I be allowed to photograph, to which she consented.



History of the case by mother:

Born February 10th, 1878. Umbilical cord attached about three inches above symphysis-pubes, directly over bladder.

There is no umbilicus at the present time. Bladder uncovered about three inches in diameter and protrudes about two inches. Anterior wall of bladder absent; this place being so tender and inflamed that a napkin or, in fact, any-

thing, cannot be worn. A condition known as exstrophy constituting a distressing and loathsome condition. Inner surface protruding as a fungoid mass, from which can be seen the discharging urine from each ureter.

There is complete absence of vagina. Cervix of the uterus can be seen even



with the surface, which is almost completely covered by the skin, except the opening into the uterus, which has never been large enough to admit anything the size of a lead pencil. There are what might be called labias, or what nature designed for labias, about three inches apart, between which can be seen the os. Otherwise the woman is perfectly developed.

On the 17th day of May, 1901, she presented herself at my office and said she thought she might be pregnant, but would simply allow inspection. I called Dr. D. C. Barber in consultation, and we requested that she take an anesthetic and let us make a thorough examination, and, if pregnant, deliver then, but she said no. I informed her that if she went to term, it in all probability would be death to her and the child. Between this time and delivery I have seen and prescribed for her often.

On November 18th, Dr. D. C. Barber

and Dr. E. H. Garrett visited the patient with me in consultation and considered whether Caesarean section or delivery through and below uterus would be advisable. After examination per rectum, decided on latter course. The patient had gained 67 pounds in weight since her pregnancy began.



On the morning of Dec. 6th, 1901, I was telephoned at 5 a.m., and on arriving at the residence found her in labor. Said pains commenced at 11 p.m.

I called Dr. D. C. Barber, who ably assisted me, and Dr. E. H. Garrett, who administered the anesthetic, and at 9:15 a.m., being fully anesthetized, passing my finger into the rectum found the head down; and then passing finger into uterus found head within about an inch of surface. At this time found the pubic bones absent and the pelvic bones about four inches apart. I made an incision in the anterior part of uterus through os to rectum about four inches, taking up arteries as progressing; ap-

plied forceps and made traction posteriorly until I delivered a live 12-pound girl, Dr. Barber holding back the uterus and bladder. Laceration extended about an inch above anus through external sphincter. This was unavoidable, for had not the traction of the forceps been made in the posterior direction, the laceration would have been upward and resulted in forcibly tearing the bladder and uterus from their anchorage because of the absence



of the pubic bones. Cervix being lacerated and somewhat accessible, was repaired with catgut sutures; the ends of the sphincter were sutured with silk-worm gut; the rectum then repaired with continuous catgut sutures. There being complete absence of perineal body, the skin and thin layer of fascia which represented it, was united with silk-worm gut.

Irrigated uterus with bichloride solution 1 to 2000.

Applied iodoform gauze 5 per cent., over which applied pad; also abdominal bandage; pillow between legs, legs tied together.

The patient's recovery was uneventful. As to the method of sexual intercourse adopted the patient was reticent.

Byrne Building.

REMARKS ON ANAESTHOL.*

BY J. LEE HAGADORN, M.D., LOS ANGELES.

In bringing Anaesthol to your attention this evening, I am aware that I am not presenting anything startlingly new. This anesthetic has been used quite extensively in this vicinity for several years.

It has given me such good results, and its action has been so gratifying in a series of 268 tabulated cases, that I feel it my duty to call your attention to this admirable anesthetic mixture.

The origin of this compound was directly due to the researches of Prof. Schleich of Berlin. Schleich's idea was to discover a narcotic mixture whose boiling point would approach as nearly as possible to the temperature of the body, in order that elimination and absorption might be as nearly equal as possible. This would cause the tendency of the narcosis to be toward recovery rather than that the anesthesia should tend to deepen, as in the case of chloroform or ether.

Chloroform, with its B. P. at 149° F. (65 C.) when given by inhalation, is so rapidly absorbed into the blood that far more of the narcotic is absorbed than is actually necessary to maintain surgical anesthesia. This results in injury to the cells of the parenchymatous organs. Ether, with its B. P. at 93.2° F. (34 C.) when taken by inhalation, passes into the lungs, which have a temperature of 100.4° F., volatilization takes place with great rapidity and results in an overfilling of the alveoli with carbonic-acid gas; thus is occasioned the cyanosis and dyspnoea which characterize the beginning of ether anesthesia.

After some experimentation and study, Schleich got up what he called his molecular solution. It contained chloroform and petiolic ether (benzine,) the benzine acting as a vehicle for the administra-

tion of the chloroform. This was in 1895.

Dr. Willy Meyer of New York City used this solution a great many times, but not being altogether satisfied with its action, entered into collaboration with Dr. H. P. Weidig of Newark, N. J., in the search for a mixture which would be almost as rapidly eliminated as absorbed. Schleich's molecular solution had a B. P. of 125° F. (52 C.)

Dr. Meyer and Dr. Weidig, by the admixture of chloroform and ether with ethyl chloride, obtained a molecular solution with a B. P. of 104° F. (40 C.) This solution is made up of 17 per cent. by volume of ethyl chloride, about 33 per cent. chloroform and the balance sulphuric ether; this forms a definite molecular solution with a definite boiling point and definite physiological action.

I wish now to enumerate some of the reasons why I consider this mixed anesthetic superior to any one straight anesthetic. The English have their A. C. E. mixture which they have used for over thirty years; the Germans their Vienna mixture. Bilroth had a mixture of his own, consisting of one part of ether, one of alcohol and six of chloroform. Now as to the effects of Anaesthol:

In the first place, the anesthetic is not unpleasant for the patient to smell. Secondly, the narcosis is rapid and without excitement, choking, gagging or struggling. In the hospital I have frequently anesthetized patients while they were being wheeled from their rooms to the operating room. By the time the operating table was reached, the patient would be sufficiently narcotized, so that the scrubbing-up process could be commenced, and by the time the skin was

*Made at the Los Angeles County Medical Association meeting, October 7th, 1904.

ready for the knife, the patient was under complete surgical anesthesia.

The respirations under this anesthetic are slow, regular and full. The pupils are contracted, as in chloroform or ether anesthesia. The face is a natural hue; there is no cyanosis; there is no increase in bronchial or salivary secretions. There is complete muscular relaxation; the pulse is absolutely uninfluenced. In 268 cases, I have seen no bad effects whatever, except in two, which were prostitutes who were cigarette fiends. In those two cases, stretching the rectum was promptly followed by deep breathing, and all ended happily. There is a pleasing absence of over-saturation of the patient with the narcotic; no increased work is thrown upon the kidneys; recovery from the anesthetic, with regaining of the mental faculties and a sense of comfort, is remarkably rapid. I have repeatedly operated upon patients in my office, (minor

surgical procedures,) when they would recover within five or six minutes from the anesthetic, so that they could dress and leave the office unaccompanied.

One case, a man who came in his automobile, was circumcised, and left twenty minutes after the anesthetic was taken away, acting as his own chauffeur.

I cite these cases to illustrate the remarkable rapidity with which the patient regains his mental faculties and the absence of saturation with the narcotic and the sense of utter misery so commonly felt following chloroform or ether anesthesia.

In obstetric practice this mixture has an especially happy effect, as the narcosis can be induced earlier in the progress of the case, inasmuch as if given carefully, the contractions of the uterus are not arrested, while the sharpness of the pain is relieved.

Douglas Building.

MEDICAL INSPECTION OF SCHOOLS.*

BY EDWARD VON ADELUNG, B.S., M.D., CITY HEALTH OFFICER, OAKLAND, CAL.

Medical inspection of school children, as a form of preventive medicine, has grown in importance in recent years, and now attracts the attention of all educators as well as of all officials whose duty it is to protect the community against disease. But medical inspection is no new idea. An efficient system can be found in Egypt which dates back twenty-two years; it has been practiced in Belgium for over twenty-six years, in France for twenty years.

It has been in vogue for a long time in Switzerland, England, Germany, Russia and Scotland. It was inaugurated in Japan in 1893. In the United States it was first adopted in Boston in 1894, and Brookline soon followed Boston's example. In 1895 Chicago adopted it;

and New York in 1897. Since then, many other cities have followed, including Philadelphia, Newton (Mass.), St. Louis, Fall River (Mass.), Washington (D. C.), Orange (N. J.), Jersey City, Asbury Park, Milwaukee, Minneapolis, Salt Lake, Cleveland, Hartford (Conn.), Cambridge (Mass.), Providence (R. I.) and San Francisco.

But before going further, let me stop and give a general idea of what the system is. This is best accomplished by stating what is done and how it is done.

The inspector usually makes his morning visit to the school between 9 and 10, giving the teachers time to note who appears to be ill and to have them in the principal's office ready for the medical examination when the inspector

*Read before the semi-annual meeting of the State, County and Municipal Sanitary Conference of California, October 29, 1904.

arrives. The nature of the examinations—their thoroughness, etc., depends upon the desire of the special board controlling the system. The contagious diseases are always sought, and when found, the principal fills out an appropriate blank to the parent and immediately sends the child home, to be excluded until cured. It is the duty of the inspector to notify the health department, if it is a notifiable disease.

If a non-transmissible disease is discovered, a similar note is sent home with the child advising consultation with the family physician. In all cases it is the principal of the school who sends the child home, and who writes the notes.

And it should be impressed here that the system is one of *inspection* and has nothing to do with correcting the ills that it discovers. The inspector never gives medical advice, never prescribes.

This duty is left to the family physician strictly. Cases of sore throat are swabbed by the inspector and exclusion depends on the laboratory report, unless the clinical symptoms are themselves sufficiently positive.

The duties of the inspector vary with the conditions under which he works. If he is giving his services gratuitously, they are naturally limited, usually to the detection of the contagious diseases. If he is salaried, he usually does more, including inspections for physical deformities, defects of eye or ear, nervous troubles, overwork, any serious disease, and in some cases he inspects the sanitary conditions about the school. If he devotes his whole time to his official duties his field of usefulness is wide and includes the functions of a deputy health officer in his district. He then follows cases to their homes, superintends placarding, fumigation, quarantining, and, in some cases, investigates the cause of absences from school of all absentees, and thus becomes a kind of truant officer as well. But it is not at all necessary, and,

in fact, exceptional, that a medical inspector's duties should include so much.

Usually, the inspectors are practicing physicians, their official salaries are small, and their duties are limited to discovering the transmissible and the more important non-transmissible diseases in the manner indicated. Should the occurrence of a number of cases of a contagious disease, such as diphtheria, threaten an epidemic, he then takes unusual measures. For example, he goes into the class-rooms and makes special inquiries and takes a number of throat cultures. Once each year special examinations may be made of eyes and ears of all pupils, and when advisable, inspection for vaccination scars is made.

In introducing such a system of inspection the question of cost is always brought up. Fortunately the cost is small. The time given each school by the inspector is usually but a few minutes, so that one inspector can visit several schools each morning.

The number of inspectors necessary in any given city depends somewhat on the location of the schools, but it should not be less than one inspector to each 1500 children. Boston inspectors have about 1400 children each.

Services are usually voluntary during the first year or two, and the salaries paid thereafter are about \$200 a year. Wherever paid medical inspection has been tried, it has proven to be a sound financial investment; and instead of acting as a drain upon the public treasury, the reverse has been found to be the case. In New York City where inspection does not go beyond the detection of the contagious diseases, "it has more than saved an excess in the value of coffins for the potter's field, to far more than pay for the expert service."

Wherever the system has been in operation the cost has proven to be comparatively small, while in Milwaukee the Commission of Health stated that

the expense seemed so infinitely small in comparison with the enormous amount of good resulting therefrom, that it seems utterly impossible for any person to raise objections on this account. The sentiments of the writer are identical with those of the Milwaukee Commission of Health.

The incredulous sometimes assert that the present conditions are satisfactory. The children seem to be doing well enough, they say, then why inject any new system into the already complicated educational mechanism?

The answer is a recital of facts:

"The value of inspection shows itself along numerous lines affecting the condition not only of the child but also of the teacher, the parents, and the community at large. It is proven to be an important factor in the education of children and especially their parents in matters relating to personal and home hygiene and it has directed the attention of health boards and school boards to improvements and reforms which before had not attracted attention."

In quoting figures to show the need of medical inspection, the educational value of the system should not be forgotten. "In Boston from November 1st, 1894, to October 31st, 1896—out of 23,207 pupils examined there were 6571 cases of disease, and of these 5818 were too ill to be in school. In three months, in New York, 4183 children were excluded from school on account of contagious diseases, out of 63,812 examined." During a period of four months in Chicago, 1417 cases of diphtheria and 306 of scarlet fever were found in the public schools.

It is a noticeable fact that in those schools where inspection has been introduced, the children are kept cleaner and their parents are more apt to keep ill children at home, thus giving earlier attention to the sick, and at the same time better protection against contagion to the well children in the schools.

Such figures speak volumes. Statis-

tics of the efficiency of the system are now so abundant and so convincing and so generally accepted, that further quotations seem unnecessary.

After examining the most reliable reports, authorities have placed the number of children in attendance at school who are the subjects of some physical defect or illness which interferes with their work at not less than 10 per cent., and 9 per cent. are too ill to study, and are in need of medical attention. I have no doubt that these figures apply to our California schools with the same force as to the eastern. This condition of affairs is too bad to be permitted to continue. It means that our children are not being properly cared for. Piti-ful cases are frequently discovered by the inspectors. Whitcomb reports a boy of 12 who was still in the primary grade, utterly incapable of making head-way in his studies. On investigation it was found that his hearing was defective and by giving him proper care his success was phenomenal, as he soon outstripped those who were believed to be far his superiors. Innumerable cases of defective hearing, of suppurating ears, of errors of refraction, of eye strain, and of other disorders of special cause are discovered by systematic inspection.

Medical inspection has been proven to protect against epidemics arising among school children, to prevent the infection of others, and to prevent the spread of contagious diseases.

Numerous instances could be cited to show how epidemics have been prevented or curtailed.

Dr. W. W. Keen said that "It is the duty of the state not only to educate its children, but also to protect their health. You all know very well that at the hotel or boarding house, if a case of scarlet fever or diphtheria breaks out the place is deserted in 48 hours unless the child is taken away; and yet right in the midst of our schools, a case of scarlet fever may exist, or a case of

diphtheria break out, and all the children in the school are exposed to it. This is not right and ought not to be." Other competent thinkers express themselves similarly. But it seems to me wholly unnecessary to adduce expert opinion to prove an every-day truism. Who can deny that it is the duty of the state to protect from disease contracted at the school the children who are by law required to attend.

If the ultimate object of education is to make good citizens, then who can deny that the dissemination of the ordinary knowledge of the means of avoiding contagious diseases should be a part of such education. To me it seems a great wrong to gather children together four or five hours a day and subject them to the contagion of a fatal disease such as diphtheria or scarlet fever or tuberculosis or even to the milder diseases. In 1900 I examined the children for chicken-pox and the parasitic skin diseases. In 1900 I examined the children in one of the large schools of Oakland and I was surprised to find a large number suffering from diseases that interfered with their progress, some too sick

to remain in school, and a very large number affected with transmissible parasitic and skin diseases.

The need of medical supervision in the schools is beyond question. That it is the right and duty of the municipality to provide for the necessary care of the children's health is a truism.

That medical inspection produces valuable results is amply proven. That its cost is inconsiderable is demonstrated. And that medical inspection will one day be an integral part of all educational departments seems inevitable. Experience shows fully that the system does not, as some have supposed, interfere with the family physician, or with the duties of the teacher, or with discipline, or in any way with the school routine. Those objections have all been proven groundless by the experience in the cities where medical inspection is practiced.

On the contrary, it requires only a short trial to eliminate all objections and to win the commendation not only of the school department, but of the pupils, the teachers, the parents, and the family physicians.

SELECTED.

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY.

BY ROSE TALBOTT BULLARD

BATHING DURING THE MENSTRUAL PERIOD.—(*American Journal of Obstetrics*, September, 1904:.) Dr. J. Clifton Edgar, after sending out a circular letter of inquiry to prominent gynecologists and general practitioners, receiving 122 replies, and after questioning the superintendents of four of the largest training schools for nurses in New York City, as well as the resident trained nurse or medical officer of several colleges for women, concludes:

1. All forms of bathing during the menstrual period are largely a matter of habit, and can usually be acquired by

cautious and gentle progression, but not for every woman does this hold good, and surf bathing, where the body remains chilled for some time, should always be excepted.

2. A daily tepid sponge bath (85° to 92° F.) during the menstrual period, is not only a harmless proceeding, but is demanded by the rules of hygiene.

3. In the majority of, if not all, women, tepid (85° to 92° F.) sponge bathing after the establishment of the menstrual flow, namely, second or third day, is a perfectly safe practice.

4. Further, in most women, the habit

of using the tepid shower or tub bath after the first day or two of the flow, can with safety be acquired.

DIAGNOSTIC IMPORT OF THE SACRO-UTERINE LIGAMENTS.—

(Beitr. Z. Geb. und Gynak, *Journal American Medical Association*.) Sellheim proclaimed that palpation of the sacro-uterine ligaments is the most reliable means of distinguishing between tumors growing into the open abdominal cavity and those located in the peritoneum or in a ligament. Systematic palpation of these ligaments through the rectum should never be neglected in diagnosing gynecologic affections. He gives numerous illustrations to show the anatomy and physiology of these ligaments, and the best technic for their investigation, as well as the interpretation of the various findings of palpation through the vaginal and rectal walls. Rectal examination is much easier than the vaginal. The examining finger in the rectum must be passed beyond the folds of the sphincter ani tertius. This brings it exactly behind the ligaments instead of below them, and palpation is facilitated by injecting half a pint of tepid water into the rectal ampulla. This distends the ampulla, but the sphincter still protrudes into the lumen and is thus easily recognized. The finger passed beyond it is then crooked and the ligaments are readily felt at once. By pushing the sphincter and sacro-uterine ligament forward and downward the palpating finger has a free field for further exploring the broad ligaments, the ovaries and tubes and walls of the pelvis. The thin and yielding rectal wall allows the finger to palpate up to the fork of the iliac artery, and forward almost to the ramus of the pubis. Sellheim describes the findings in different groups of gynecologic cases. Inflammation in the vicinity is usually accompanied by a thickening and tension of the sacro-uterine ligaments.

THE DIAGNOSIS OF CONCEPTION.—(Editorial, *British Medical Journal*.) A monograph of great practical importance was recently read before the Belgian Gynæcological and Obstetrical Society by Dr. Keiffer. He considers that what he calls the pregravidic signs of conception may possibly be defined, and his clinical evidence is of much value in relation to tubal pregnancy. When once the fertilized ovum is in the uterus—that is to say, when uterine gestation has commenced—diagnosis is not easy for several weeks. Von Braun and Piskacek claim to have detected pregnancy in the first week, by noting a more or less longitudinal groove either in the back or front of the uterus. Dirner of Buda-Pesth claims to have diagnosed pregnancy very early, if not so soon as the first week, by Von Braun's sign. Obstetricians would like to hear of yet wider experience of this method of diagnosis. Hegar's sign, the detection of a soft tract, on bimanual palpation, between the cervix and the body, is not available till the sixth week. Keiffer believes that there may be definite signs associated with the rupture of a Graafian follicle, and with the passage of the impregnated ovum along the tubal canal. He fancies that sensations of slight pelvic discomfort accompany these phenomena, but are not as a rule severe enough to lead the subject to seek medical advice; occasionally they are severe, but an incorrect diagnosis of a pathological condition is made. Keiffer reports three cases in which sudden pelvic pain and very distinct swelling of one or both ovaries occurred. The Fallopian tubes in two instances could be detected swollen, in one patient uterine hemorrhage with spasmodic pain was noted, and in another there had been inflammation of the appendages which had subsided, but was supposed to have recurred. In all three patients perfectly normal pregnancy followed the attack of

pain and ovarian swelling. Keiffer observes that the ovary is much enlarged when the follicle due at the period is ripe; indeed this enlargement has often been observed in the course of an ovariectomy. Possibly the sharp pain signifies muscular contraction of the tube when it receives the ovum, and they may perhaps be sharper when that ovum happens to be impregnated. Hemorrhage is also a tubal sign, and may explain some of the false periods which mislead women in reckoning their own pregnancies. Keiffer warns the physician and obstetrician against the prescription of

hot douches and other local therapeutic methods for sudden attacks of pelvic pain and ovarian swelling. For these symptoms may mean pregnancy, and may not the enormous number of tubal pregnancies reported during the last twenty years be in part attributed to too hasty "uterine therapeutic measures" for a condition purely physiological? Is it not quite reasonable to suppose that the local disturbance caused by the douche may cause the "oosperm" to be arrested in the tube, so that a normal is converted into a tubular pregnancy?

DEPARTMENT OF TUBERCULOSIS.

CONDUCTED BY F. M. POTTENGER, PH. M., M.D.

OPEN-AIR TREATMENT OF TUBERCULOSIS.—Perhaps more has been said and written upon this phase of the subject in recent years than upon any other. Almost every man who has anything at all to say upon the subject of treatment, emphasizes open air. This is all well and good. Pure air is one of the first essentials in treating tuberculosis, but it is not all. I believe it is time to call a halt and sound an alarm, lest the cause of the tuberculous patient receive a set-back. There is getting to be a prevalent idea that all that is necessary for the cure of this disease is open air. This idea is dominating the minds of both the profession and laymen. Nothing could be farther from the truth. These patients need most careful attention and direction. Many symptoms arise which must be corrected at once or serious damage will follow. Many aids can be offered by carefully studying cases and individualizing that will rescue the sufferer from certain death. The idea of "Open Air" is responsible for all kinds of vagaries, and the most absurd things are done in its name. As proof of my statement, it is but necessary to read the papers which are being published in both professional

and lay journals; to talk with people about the treatment of tuberculosis or watch the actions and after history of cases which go to open health resorts, there to look after the curing of their own case by what they understand to be "Open Air." There is just about as much sense in the prevalent idea of carrying out this "Open Air" treatment of tuberculosis as there would be in allowing the patient and friends of the patient, unguided, to carry out hydrotherapy in typhoid fever. The tuberculous patient is one that needs constant, careful guidance while trying to regain health; and also, one for whom much more can be done than can be produced by "Open Air" alone. As in all other fatal diseases, best results can only be attained by the careful, constant direction of an intelligent physician.

DEATH RATE FROM TUBERCULOSIS DECREASING.—It is a great source of satisfaction to sanitarians that the death rate from tuberculosis is decreasing. One hundred years ago, from one-fourth to one-third of the deaths in New York City are said to have been due to tuberculosis, but today only about one-ninth are so caused. In Prus-

sia, 1890, 28.11 persons died of the disease out of every 10,000 of the population, while twelve years later only 19.04. These reductions in the death rate are very gratifying, for they have been brought about while the population has been increasing and over-crowding has occurred. The death rate in cities is greater than in the country. According to the census of 1900, cities of 8000 population and over within the registration area showed a mortality from consumption fifty-three per cent. higher than that found in the rural districts. The cities of New York, having more than 25,000 population, revealed a mortality from tuberculosis nearly twice as great as from the rest of the state. This is perhaps due to the fact that the economic condition of the people is not so good in the cities. There is more poverty. The people eat poorer food, are huddled together in insanitary quarters, and are more apt to be given to excesses of various kinds. Not only are they subject to a greater degree of exposure to the bacillus, but also their vitality is apt to be low and resistance at a minimum.

The next few years should see a much greater reduction than has occurred in the past. With better methods of fighting the disease, a more enlightened public and a determination on the part of sanitarians never before equalled, the mortality from tuberculosis should decrease materially within the next few decades, and if the people would but do the things that science has revealed as effective, the great White Plague

could be stamped almost entirely out within the next half century.

In Germany there are (1904) 69 public sanatoria and 25 private institutions furnishing accommodations for 7500 patients. In Great Britain there are more than 70 institutions, mostly private, affording accommodations for 2760 patients. In the United States, according to a preliminary list given out by the Tuberculosis Committee of the New York Charity Organization Society, there are more than one hundred institutions where tuberculous patients are received and treated, although this includes many small homes and hospitals where the advanced cases are cared for.

Aside from the actual care of patients the influence on the part of these institutions for prevention is very great. In the first place, all patients treated in these institutions are removed from surroundings where they were liable to spread infection through ignorance or carelessness or both; secondly, these institutions are educational centers; not only the individuals who are treated within, but all visitors bear away with them ideas of hygiene and sanitation, which will be applied both in preventing the disease and in reducing danger of infection in case the disease is already present.

It is hoped that our great state will soon be abreast to its needs and that we may have an institution where our tubercular poor may be treated and restored to health. This should be earnestly urged by both the medical profession and the laity.

DEPARTMENT OF INTERNAL MEDICINE.

BY DUDLEY FULTON, M.D., LOS ANGELES.

THE DIGESTIVE VALUE OF APETITE.—In his most entertaining book, "The Work of the Digestive Glands," the result of ten years of experimental studies, Pawlow demon-

strates among many other valuable facts, the digestive value of appetite.

His methods of study are as interesting as they are instructive and practical.

Perhaps no investigator, not even ex-

cepting Heidenhain, has so successfully produced gastric fistulae in animals without impairing their health.

His studies on appetite were conducted as follows: Into the stomach of a sleeping dog or one whose attention was diverted 100 gms. of flesh were introduced through a fistula. After an hour and a half the flesh was withdrawn by means of a string to which the meat had been fastened. The loss in weight of the meat ingested was only 6 gms.

The same amount of flesh was again introduced into the stomach of the dog through the gastric fistula, but in this experiment the food was not introduced until the appetite of the dog had been stimulated by the sight and smell of the meat. Under these conditions the weight of the flesh was reduced 30 gms. The difference in the amount of flesh digested in the two experiments, therefore, represents the value of appetite.

After this, and other observations, on appetite, Pawlow formulates the following "golden rule" in dietetics: "Give no directions with regard to food till you have made inquiries concerning the inclinations and habits of your patient."

Every food determines a certain amount of digestive work, and when a given dietary is long continued, definite and fixed types of glands are set up which can only slowly and with difficulty be altered. In consequence, it is frequently experienced that digestive disturbances are instituted if a change be radically and suddenly made from one dietetic *regime* to another. These disturbances are expressions of the temporary insufficiency of the digestive glands to meet the new demands upon them.

THE EFFECT OF STRYCHNINE UPON BLOOD PRESSURE IN FEVERS.—Cabat. (*American Medicine*, July, 2, 1904.) administered strychnine sulphate in the usual clinical dosage to 31 cases of typhoid fever, 4 of pneumonia and 15 others, with a variety of

diagnoses. The drug was given by mouth in 32 cases and by needle in 18 cases. The records were kept before, during and after the drug was given and measurements were taken at various intervals of time succeeding the administration of the drug, from a few minutes to several hours. Over 5000 measurements were taken.

The total result was negative. No effect upon the blood pressure was observed.

TREATMENT OF CHRONIC PANCREATITIS.—Boeckman (*St. Paul Medical Journal*, July,) attributes chronic pancreatitis to infection from the duodenum in the majority of cases rather than to gallstones, as is commonly accepted.

There is no symptom which is pathognomonic of the condition. Jaundice, ascites, and fat in the feces and urine are all found in other disease conditions. He gives as of much importance the quantitative estimation of indican in the urine, since the latter has its origin in pancreatic digestion under the influence of bacteria. When indicanuria is constantly found, and if other causes accounting for its presence can be eliminated, chronic pancreatitis should be thought of.

Boeckman advises that treatment for the condition consists of dietetic, physical and medical measures. Many cases go on to spontaneous cures. Deep massage, out-of-doors exercise and sports should be indulged in. His rules governing diet are: regularity, moderation, temperance, thorough mastication and the avoidance of drinking ice water.

He prescribes a glass of warm Carlsbad water in the morning and after meals, a mixture of diluted phosphoric acid, tincture of nux vomica and compound tincture of gentian, diluted with water.

Alkaline treatment gives immediate relief, but aggravates the condition.

Following the above course of treatment he gives intestinal antiseptics, nitrate of silver and naphtholin pills or iodoform, betal, and animal charcoal pills, to be used for months.

If the patient is not benefited by this treatment, an exploratory laparotomy is indicated.

SOME OF THE LESS COMMONLY RECOGNIZED MANIFESTATIONS OF RHEUMATISM IN CHILDHOOD. Burnet (*British Journ. Chil. Dis.*, Sep., 1904,) writes that acute pharyngitis in childhood is in many cases of rheumatic origin, and advocates careful examination of the heart with rest in bed until all doubts are removed.

Certain cases of pneumonia and of appendicitis in the young are due to the rheumatic virus. Again, psoriasis, save in rheumatic subjects, scarcely ever occurs in childhood. The administration of anti-rheumatic remedies markedly benefits such cases.

A condition called by the author, "gastro-enteric spasm" in which the child complains of acute gastric pain after meals, and has urgent calls to stool, is very often rheumatic in origin.

Rheumatic children often complain of pains in the sides and upper part of the chest, which ought not to be disregarded. Much of the nervousness and irritability of these children are controlled by anti-rheumatic medication.

With reference to treatment, the author believes the best results are to be obtained from large doses of salicylate of sodium or aspirin. A child of five may safely be given ten grains of either remedy every few hours. In addition, calomel should be used freely.

THE VAGUS REFLEX: A NEW PHYSICAL AND PROGNOSTIC SIGN IN PULMONARY DISEASE.—Thos. J. Mays (*New York and Philadelphia Medical Journal*, September 3, 1904,) writes of the vagus reflex as

studied in 380 cases, and draws the appended conclusions:

The vagus reflex is essentially a sensory reflex, accompanied by cerebral, respiratory, cardiac, arterial and motor manifestations. It is best obtained by pressure upon its most accessible and exposed portion immediately behind the pulsative carotid arteries on a line from the angle of the jaw to near the clavicle. The thumbs should be placed upon, or, better, just behind the carotids, and the other fingers upon the nape of the neck, and gentle, firm pressure exerted backward against the hard part below.

Dr. May observes that if the sensation is the same on both sides, and not greater than what should be produced by the degree of pressure that is applied, vagi may be called normal; but if the reaction is out of proportion to the degree of pressure applied, the vagus reflex may be said to exist on both sides of the neck; if upon one side only, a one-sided reflex is present. The symptoms observed when the vagus reflex is present are: pallor, loss of speech, slight convulsive contractions of the shoulder and arm muscles, dyspnea, dizziness, sweating, retardation of the pulse and heart and weakness of the extremities. It was formerly thought that the above phenomena were brought about by carotid compression; but Maller revealed the flaw in this theory by bringing about the same symptoms by electrical stimulation of the exposed vagi nerves.

May concludes from his study:

(1.) That there is sufficient pathological evidence for believing that the integrity of the vagi is always impaired in pulmonary consumption.

(2.) That the vagus reflex is universally present in active pulmonary consumption, and in the vast majority of cases of this character it is situated on the same side of the body as that on which the lung affection is found.

(3.) That the vagus reflex is present in about 80 per. cent. of healthy peo-

ple who have a family history of consumption.

(4.) That in healthy people without a family history of consumption the vagus reflex is universally absent, provided there does not exist a family or personal taint of alcoholism, insanity, or some other neurosis.

(5.) That in the development of the vagus reflex, dizziness, dyspnea, coughing, sweating, and other symptoms, are produced at the same time in about one-sixth of the number of consumptives; while the same is true in about one-third of the number of healthy people whose family history is burdened with consumption.

(6.) That the intensity of the vagus reflex, or, in other words, the number of symptoms that accompany its development, other than those which manifest themselves locally in the neck, seems to be dependent on the number of deaths that have occurred in the families of consumptives and in those of healthy people.

(7.) That there is an appreciable difference in the degree of vulnerability to consumption among healthy people, below the age of 35 years, between those who have a family history of consumption and a vagus reflex and those who do not have the same, and that after the above given age period this difference is eliminated.

(8.) That the vagus reflex is a valuable sign in the diagnosis and prognosis of pulmonary consumption, for, by projecting the family history of the potential consumptive into the present, it not only foreshadows that which is not otherwise evident to the senses, but becomes an important factor in the prophylaxis and treatment of this disease.

USE OF ORTHOFORM IN THE DIAGNOSIS OF GASTRIC ULCER. The fact that orthoform does not anesthetize nerve endings, when they are

protected by skin or mucous membrane, has prompted Murdock (*Medical News*, October 8, 1904,) to use it in cases presenting acute epigastric pain as a prominent symptom. He uses it to differentiate between ulcer and possible appendicitis, biliary colic, gastritis and gastralgia.

The cases which are relieved by orthoform he believes to be suffering from gastric ulcer, as it can do so only by coming in contact with a surface from which the mucous membrane has been removed.

He administers it in powder form, 8 grains to the dose.

THE PATHOGENESIS AND TREATMENT OF EDEMA.—Daugherty (*New York Medical Record*, October 22, 1904,) reports two cases, each presenting marked edema of nephritic and cardiac origin, accompanied by dyspnea, scanty urination and rapid high tension pulse. No improvement in either case followed the usual treatment by diuretics, sweating and a milk diet. Both cases, however, improved, the edema ascites diminished, and the amount of urine increased within twenty-four hours after the patients were put on a non-salt diet.

The researches of Widál, Leusierre, Claude, Manté and Merklen, together with clinical experience, teach that cardiac, nephritic or hepatic edemas are often out of proportion to the severity of the lesion present in the organ, and that marked degeneration of the kidneys, for instance, may occasion only slight edema. These facts suggest some other factor, a condition as being present other than the structural lesion of the organ which determines the amount of edema which may be present.

Experiments and observations on clinical cases by the above investigators point to this factor being a disturbance in osmotic equilibrium, occasioned by an excess of sodium chloride within the

organism. The same metabolic disturbances which occasion degenerative changes in these organs are also capable of determining the retention of sodium chloride in abnormal quantity.

Merklen cites a case of a woman with chronic nephritis, complicated by edema,

who was given a diet of bread, potatoes and soup from which salt was extracted so far as possible. On this diet the edema rapidly disappeared. The same patient was later given a milk diet and shortly after the edema reappeared.

MISCELLANEOUS DEPARTMENT.

SOUTHERN MEDICAL COLLEGE ASSOCIATION.—The requirements for admission to the freshmen year, as exacted by the colleges belonging to this association, are, according to the Nashville Journal of Medicine and Surgery for September, 1904:

Art. IV, Sec. 3. The applicant must possess a diploma of graduation from some literary or scientific institution of learning, or a certificate from some legally constituted high school, general superintendent of State education, or superintendent of some county board of public education, attesting that he has been regularly examined and is possessed of at least the educational attainments required of first grade teachers of public schools, or a certificate that he has passed the entrance examination to a university. A student may be given one month from the date of his admission to submit his certificate of qualification, and if he fails to possess the requisite educational qualifications in one or more branches, he may matriculate and attend his first course of lectures, but must present the requisite certificate before matriculating in the second course, and all tickets or certificates issued in such cases must have the conditions printed plainly on the face of each.

A candidate for graduation (among other provisions) "must have attended, in a regular and reputable medical college, four full courses of lectures, of not less than six months (26 weeks) each, in four separate years, which is construed to mean that no two courses shall either commence or close in the

same calendar year—that is, between January 1st and the ensuing December 31st." Art. VI, Sec. 2.

The following colleges are members:

Medical Department University of Tennessee, Nashville, Tenn.; Medical Department University of Nashville, Nashville, Tenn.; Medical Department University of the South, Sewanee, Tenn.; Medical Department Vanderbilt University, Nashville, Tenn.; Medical Department Fort Worth University, Fort Worth, Texas; Medical College of Virginia, Richmond, Va.; Tennessee Medical College, Knoxville, Tenn.; Medical College of Alabama, Mobile, Ala.; Birmingham Medical College, Birmingham, Ala.; University College of Medicine, Richmond, Va.; Medical Department Baylor University, Dallas, Texas; Medical Department University Mississippi, Oxford, Miss.

The secretary-treasurer is Dr. G. C. Savage, Nashville, Tenn.

SUGAR IS HEALTHFUL.—"Old and famous doctors, like Hufeland and Heim, declare that a moderate use of sugar stimulates digestion and prevents fermentation in the stomach, while an excessive indulgence in the article has an injurious effect on the digestive faculties, as it causes the formation of an excess of lactic acid, which makes itself apparent in the secretions, especially in the saliva, and in this manner produces an injurious effect upon the teeth.

Latter-day physicians, those representing the latest phases of medical knowledge, declare with great positiveness

that sugar causes acidity of the stomach only when ingested in small quantities into a stomach already acid or inclined to acidity, when the lactic acid fermentation seizes upon it and carries it along with it. If, however, the sugar is used in larger quantities, it overcomes the fermentation and stops it. The latest investigations have in truth demonstrated that lactic acid fermentation is stopped by an excess of sugar; but to the disappointment of pie-eaters and bon-bon devotees, it must be stated that this effect is produced only when the substance is absolutely pure. In this condition it seems to make no difference whether the sugar be eaten solid, in the shape of lumps, or dissolved in pure water. Sugar excites the secretions of the stomach, increases digestion of albuminous matters and of nutritives containing iron and lime, a fact which proves that under proper conditions sugar is a remedy against anemia, chlorosis and in scrofula.

"This explains the love of a great many children for sugar in the lump, who afterward, as they grow older, avoid plain sugar, or sugar by itself, almost entirely. It seems to be a sort of instinct with children with weak bones and thin blood. As early as 1878, Dr. Boeckel recommended, in his writings, sugar as the most powerful remedy in rachitis. According to the theory advanced by him, the sugar given in such cases sets up an alcoholic fermentation which overcomes the lactic acid present in excess, and thus prevents the escape of the bone-building salts."

According to the writer, the idea that sugar causes bad teeth is an altogether mistaken one. The teeth of the negroes in the tropics are dazzlingly white and sound. On sugar plantations in Cuba, Louisiana and elsewhere, all negroes run down with labor or sickness grow sleek, fat and strong again on the return of the sugar harvest solely by chewing the cane. Englishmen and Americans eat

more sugar than the French and Germans, and yet they have better teeth than the latter. He goes on to say:

"After participating in many kinds of food, sugar seems to act as a digester, and that heaviness often felt after a hearty meal is frequently relieved after drinking a glass of sugar water. The famous Hufeland, in his book 'Makrobiotik' (*i. e.*, on long life), sings a hymn of praise to sugar, and recommends plenty of sugar to all who have to eat coarse, heavy food. It is better, he states, for lean persons than fat ones.

"When we find that cake bakers and millers habitually have bad teeth, it is natural to charge the fact to the use of sugar or of flour. Rather ascribe it to the lack of care of the teeth habitual with those people, which permits particles of food to remain between the teeth, and thus further decomposition. If they use the brush frequently and properly, they would have as good teeth as anybody.

"In old times our confectioners, bakers, etc., did not employ sugar in their sweet wares, but honey, whose antiseptic properties were known even in remote antiquity, and the Egyptians, Greeks, etc., frequently used it as an application to serious wounds. Even as late as the 17th century, our ancestors used sugar as an application to wounds. The practice, however, fell into neglect and was forgotten until only recently prominent surgeons are again bringing the substance into use. Dr. Lucke, for instance, professor at the University of Strassburg, recommends it in gangrene, and has used it with excellent results.

"The Frenchman, Claude Bernard, demonstrated that the normal sugar contents of the blood immediately commence to rise whenever any disease or injury to the organism commences to grow better. In this case a blood rich in sugar seems to exert an influence on the reparative action. This condition of the blood lasts until the health is restored, or until the source of supply (of

sugar) is cut short. Normal and healthy blood always contains sugar, which is derived from all nutritive foods, and has absolutely nothing to do with the consumption of pure sugar. That a too great indulgence in sugar, by itself or mixed with other things, can have a bad effect and cause sickness is not to be denied, but that its use, either in small quantities or large, can cause diabetes, cannot be too strongly denied. Such an idea could be conceived or find defenders only from the fact that the original cause of that only too frequent disease has, up to the present, eluded investigation and remains a mystery.

"Finally we can assert that the healthfulness of sugar is no longer disputed by educated physicians. That it is not only an article of nourishment, but a beneficent one, is demonstrated by the fact of the constant growth of its employment. In 1700 all Europe used about 100,000,000 pounds of it; in 1870 this had reached 4,000,000,000 pounds; while statistics show that from the end of August, 1900, to February, 1901, 2,000,000,000 pounds of beet sugar alone had been consumed."

LONDON SEWAGE.—The sewage of the largest city in the world—London—is handled by two main pumping stations on each side of the Thames, with machinery of an aggregate of 3000-horse-power, capable of pumping some five hundred million gallons per day, and, like a number of storm-water pumping stations, capable of pumping directly into the river 150,000,000 gallons per day—the latter being used for preventing flooding in the lower parts of the metropolis when a heavy rain occurred at or about the time of high water, when the storm outlets were closed by the rising tide. The outfall works for the purification of the sewage, the dry-weather flow of this exceeding 200,000,000 gallons per day, consists of settling tanks and their accessories for the chemical treatment of the sew-

age and the means for removing the sludge produced, to the ocean. The tanks at Barking are rated at 20,000,000 gallons, and those at Crossness at 31,000,000, the sludge, amounting to more than 2,000,000 tons, being discharged into the open sea at a distance of about fifty miles from the works by a fleet of steamers.—*The Alienist and Neurologist.*

Labor, diving into the solid earth, brings up its long-hidden stores of coal, to feed ten thousand furnaces and in millions of inhabitations to defy the winter's cold. Labor explores the rich veins of deeply-buried rocks, extracting the gold, and silver, and copper and the tin. Labor melts the iron, and moulds it into a thousand shapes, for use and ornament, from the massive pillar to the tiniest needle, from the ponderous arches to the wire-gauze, from the mighty fly-wheel of the steam-engine to the polished purse-string or the glittering bead.—*Labor*: Rev. Newman Hall.

Music remains the universal language of nature; it speaks to us in wonderful and mysterious tones; in vain do we try to retain its effect by signs, for any artificial connecting of the hieroglyphs results after all only in indicating the idea of that which we have heard.—E. T. A. Hoffmann.

GETTING RID OF RATS.—Common green copperas, pulverized, and thrown pretty plentifully about where the rats travel and also in their holes, so they must walk over it, will effectually drive them away, where traps, poisons, and cats fail to dislodge the pests. The copperas makes their feet sore and they will speedily leave. This remedy has proven so entirely successful that it is a pleasure to make it known.

Seebeck discovered thermo-electricity in 1821.

SOUTHERN CALIFORNIA PRACTITIONER'S NURSE DIRECTORY.

NAME.	QUALIFICATION.	STREET.	TEL.
ALBERTS, MISS R. C.	Graduate Nurse.	642 W. 36th.	Pico 541
BURTON, MISS EVA G.	Graduate Nurse.	201 W. 27th.	White 981
BOYER, MISS SARA	Graduate Nurse California Hospital.	1006 W. 8th.	Jefferson 6391
CAMERON, MISS KATHERINE..	Graduate Grace Hospital, Detroit.	395 Grand Ave., Pasadena.	Black 471
CARDONA, MISS L. M.	Graduate Sisters' Hospital, Los Angeles	Abbottsford Inn	Home 1175
CASE, MISS L. E.	Childrens Hospital San Fran.	542 Westlake Ave.	Jefferson 6303
CASEY, MISS MAE V.	Graduate California Hospital	719 Hope St.	Red 289
CAYWOOD, MISS J. EVELENA	Graduate California Hospital	La Park	Suburban 64
CRAWFORD, MISS M. A.	Trained Nurse.	1815 Normandie	Blue 4026
CRUMP, MISS ANNE L.	Graduate California Hosp.	416 S. Olive St.	Main 2454
COOPER, MISS JESSIE	Graduate Fabiola Hospital, Oakland.	2321 S. Flower	Home 5344
CUTLER, MRS. E. L.	Graduate California Hosp.	1622 S. Hill.	White 4661
EHRMAN, MISS IDA M.	Trained Nurse.	1022 W. Washing'n	Home 4243
FALCONER, MISS JEAN J.	Graduate Salem Hospital, Salem, Mass	912 W. 5th.	Red 481
FERN, MISS	Graduate California Hospital	316 W. Carrillo St. Santa Barbara	Main 593
GORDON, MISS LILLIAN	Graduate California Hospital	46 Reuben Ave. Dayton, Ohio.	
HARDISON, MISS CLAIRE L.	Graduate California Hospital	116 S. Burlington	James 1161
HOAGLAND, MISS M. J.	Graduate Bellevue Training School, N. Y.	312 W. 7th.	Main 798
HOTZEL, MISS LILLIAN M..	Graduate California Hosp.	228 Hancock	Alta 2952
JAMES, MISS EDITH A.	Graduate California Hosp.	1622 S. Hill St.	White 4661.
JOHNSON, MISS EVA V.	Graduate California Hosp.	1708 S. Grand Ave.	Tel. White 2801 Home 2265
KINNEY, MISS J. A.	Trained Nurse.	1337 S. Flower.	Blue 2491
KIRBY, MISS NETTIE	Graduate Hospital of Good Samaritan	2675 Lacy Street	Phone East 344
KENDALL, MISS MAUDE	Graduate California Hosp.	1507 S. Grand Ave	Blue 5184
KERNAGHAN, MISS	Graduate California Hosp.	1708 S. Grand Ave.	White 2801 Home 2265
LAWSON, MISS	Graduate Nurse.	112½ E. 10th.	Pico 2091
LEGGETT, MRS. F. M.	Graduate New Haven Training School.	436 S. Hill.	Main 1383
MILLER, MISS FLORENCE	Graduate California Hosp.	1145 S. Olive St.	West 307
McNEA, MISS E.	Graduate Nurse	744 S. Hope St.	Red 4856
McCLINTOCK, MISS CLARICE..	Graduate California Hosp.	1232 W. 9th St.	Black 511
NAGEL, MISS A	Graduate California Hospital	1708 Grand Ave.	White 2801 Home 2265
OLSEN, MISS JOHANNA	Graduate Nurse	1207 W. 8th St.	Telephone 4685
READ, BEATRICE..	Graduate Fabiola Hospital, Oakland.	28 Temple.	Red 46
SAX, MISS.	Graduate California Hosp.	1708 Grand Ave.	White 2801 Home 2265
SERGEANT, MISS	Graduate California Hosp.	2808 S. Hope.	White 576
SMITH, MISS E. G.	Graduate California Hosp.	249 W. 15th St.	White 4351
TOLLAN, MISS H.	Graduate California Hosp.	423 S. Broadway	Home 506
TOWNE, MISS LILLIAN	Graduate California Hosp.	Mission Canon Santa Barbara	
WHEELER, MISS FANNIE A.	Graduate Hospital of Good Samaritan	212 South Reno St.	Main 1782 Home 4131
WEED, MISS E.	Graduate California Hosp.	Calexico, Cal.	
MALE NURSES.			
HERBST, THOMAS C.	Professional Male Nurse 20 years' experience.	Care F. J. Giese, 103 N. Main St.	S'nst. Brown 310 Home 2147
HARDIN, F. S.	Professional Masseur. Massage under Physicians' directions, 10 years' experience.	1317 Georgia St. Pasadena Office 118 E. Colorado St. Tel. Black 606	White 4444
DALE, T. WILLIAM	Nurse & Masseur from Mass. Gen'l Hospital, Boston, Mass.	1153 W. 37th St.	Home 3086

SOUTHERN CALIFORNIA PRACTITIONER

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

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EDITORIAL.

LIGHT ENERGY.*

First, the reader is impressed with the beautifully substantial appearance of the book, mechanically; second, with the rich table of contents, and, third, with the fact that the author is a woman. In the course of the preface, Dr. Cleaves says: "The electric arc has been treated of in considerable detail, as upon it the physician's main dependence must be placed for a source of artificial light rich in chemically active energy. . . . While light energy is as old as the sun, and so almost are its therapeutic uses, never in the history was it as fully appreciated as now.

"The author's conception of light and its action is based upon the now accepted

undulatory theory, and is coupled with the belief that all space is saturated with the inconceivably minute corpuscles discovered by J. J. Thomson. The corpuscle of Thomson is only the one-thousandth part of the mass of any known particle of matter."

The further elucidation of this theory is most interesting. In speaking of the power of radiation, the author says "the radiant energy falling upon the deck of an ocean liner is sufficient, if it could be utilized, to propel the ship with greater speed than is now obtained from carbon.

"On an ostrich farm in South Pasadena is a great solar motor which has an indicated output of eleven-horse power, with 210 pounds of steam, which

*LIGHT ENERGY; Its Physics, Physiological Action and Therapeutic Applications. By Margaret A. Cleaves, M.D., Fellow of the New York Academy of Medicine, Fellow of the American Electro-Therapeutic Association, Professor of Light Energy in the New York School of Physical Therapeutics, etc., etc. New York: Rebman Company, 10 West 23d Street, corner Fifth Avenue. 1904.

can pump water at a maximum rate of 1400 gallons per minute."

Among the radiations that have sprung into prominence since Roentgen's discovery in 1896 are radiant heat, brush discharges in vacuum, light, ultra-violet rays, N-rays, cathode rays, X-rays and the alpha, beta and gamma rays of radio-active substances.

Radiant heat differs essentially from hot air. Powerful as these rays are, and sufficient to fuse many metals, they can be permitted to enter the eye and break upon the retina without producing the least luminous impression. The emanations from radium are divided into three groups, the alpha, beta and gamma. . . . The gamma rays find their counterpart in the Roentgen ray. The analogy between sound and light is a very close one. . . . Red light, for example, is due to a comparatively long undulation and corresponds to a deep sound, while a violet light is due to a short undulation and corresponds to an acute sound.

The velocity of light is 190,000 miles per second. The stars nearest the earth are separated from it by at least 206,265 times the distance of the sun; therefore, the light which they send requires more than three years to reach us. The inner nucleus of the sun in all probability consists of a gas at an extremely high temperature, and under such an enormous high pressure that its properties must resemble to some extent those of a viscous substance like molten glass or putty.

Surrounding this gaseous nucleus is the photosphere—the luminous portion of the sun composed of glowing cloud-like

masses of vapor. The candle-power of the sun is represented by the number 1575, with twenty-four zeros attached. The diameter of the sun is 866,500 miles and its distance from the earth 92,800,000 miles.

The author enters fully into the subject of the action of light energy upon vegetable organisms, and the bactericidal power of light.

In speaking of the value of solaria or sunbaths, the author takes as a text: "Man lives only by the radiance from the photosphere of the sun." The use of the sun is urged as a therapeutic measure in everything except skin diseases, where the electric arc, a radiant sun in miniature which can be used at its source, is preferred.

The sun is only a private in the host of heaven, a single star among millions, but he alone among the countless myriads is near enough to affect terrestrial affairs to any sensible degree.

The beneficent action of this radiant energy of the sun was appreciated to the full by the ancient Greeks and Romans with their convenient, even luxurious, solaria, in which they could expose their nude bodies to its action. The most powerful agents in our possession for the inhibition and destruction of micro-organisms are sunlight, fresh air and abundant nourishment.

There are descriptions in detail for the construction of solaria, but: It is a simple matter, for example, in the dressing of a wound, of an open, malignant process, where the patient lies in bed in a beautifully sunlit room, to direct that the bed should be moved into the sun-

light and the wound or the cancer exposed to the action of the sun's radiant energy, not only during the process of dressing, but at other times as well. All agree that the sun is the important factor in the treatment of pulmonary tuberculosis, but the author is just as enthusiastic for the use of this radiant energy in the treatment of tuberculous joints.

The sun bath should be given in the fresh air wherever possible. In this way it really becomes a light and air bath, and as such accomplishes a twofold purpose. Sun baths are of benefit (1) by promoting perspiration. As the result of this action harmful and toxic products are eliminated. (2.) By the stimulation of metabolism. (3.) By the stimulation of the nervous system, and (4) by the direct action of light upon the blood. The primary effect in the sun bath, in bactericidal diseases, is not one of bacterial destruction, but one of increased physiological resistance. Among the conditions for which the author particularly recommends the sun bath are obesity, diabetes, chronic indigestion, anemia, chlorosis, neurasthenia. When the conditions of the season, weather or environment preclude its use, the electric arc bath satisfactorily takes its place. The author also recommends the sun bath in neuralgia dependent upon impoverished blood as well as malnutrition and the rheumatic diathesis. Also in Bright's disease, cirrhosis of the liver, chronic rheumatism, rheumatic gout and asthma. Technique: Sun baths should be arranged to open to the south. The head and eyes should be protected from the direct solar rays by the use of colored glasses and awnings or umbrellas.

Black parasols should be used, or if the condition of the head necessitates greater precautionary measures, cold, wet cloths should be employed, covered in turn with some dark fabric or dark umbrella. The entire body should be nude. The best results are secured by daily exposures, and the duration should be increased from thirty to sixty minutes at least once a day, according to the patient's toleration. To cool off the patient after the sun bath, cooling douches, sprays, local applications or rubs may be used. The chapters on arc baths, incandescent-light baths, concentrated solar energy, concentrated electric arc-light energy, blue-light energy, red-light energy, ultra-violet light energy and radium are all practical and to the point, and place these powerful therapeutic measures in the hands of the intelligent general practitioner.

OUR BOOK REVIEWS.

It is the aim of the editor of the Southern California Practitioner to make the book review department as instructive as any other portion of the journal, and we try to not only mirror to the reader the character, trend and merits of the book, but to extract something from each one that will prove of practical value to our subscribers. Our review department is not maintained for the benefit of the book publishers, but entirely for the benefit of our readers. If, incidentally, the publishers are benefited, we are glad of it, but that feature is entirely secondary to making the pages of the Southern California Practitioner readable, instructive and up-to-date.

EDITORIAL NOTES.

Dr. C. C. Violet, formerly of Westminster, has removed to Gardena.

Dr. John L. Norris is surgeon of the Santa Fé-Central Railway at Estancia.

Dr. D. N. Bacon of Ontario recently took a trip East.

Dr. A. L. Adams of Ione has been visiting friends in Santa Ana.

Dr. J. L. Norris of Estancia was recently called professionally to Santa Fé.

Dr. R. W. Hill of Los Angeles is taking an extended eastern tour.

Dr. J. K. McDonnell of Crown King, Arizona, was recently called professionally to Prescott.

Dr. J. A. Andrews of Santa Barbara has returned home from a European trip.

Dr. Harold Sidebotham and Dr. Philip S. Chancellor of Santa Barbara have combined their offices.

Dr. B. C. Tarbell has been appointed United States Marine Hospital Surgeon at Naco, Arizona.

Dr. D. J. Brannen of Flagstaff has been appointed surgeon of the National Guard of Arizona.

Dr. D. F. Royer of Orange has been appointed a member of the Board of Pension Examiners at Santa Ana.

Dr. Wm. M. Johnson of Redlands was recently called to Chicago by the illness of his son.

Dr. Rilla G. Hay has established an office at Hollywood, which is a suburb of Los Angeles.

Dr. Seymour Davis of Compton has been taking in the World's Fair and other eastern points.

Dr. Downie of Carpinteria, Santa Barbara county, has been suffering from a most severe attack of poison oak.

Dr. H. J. Mueller of Las Vegas, New Mexico, has recently been spending a couple of weeks at the St. Louis Fair.

Dr. A. W. Martin of San Francisco recently made a hurried professional trip to Los Angeles.

Dr. J. W. Flinn of Prescott, Arizona, has been taking a trip through the Grand Cañon.

Dr. Elwood Osborne and Miss Ella Barry were married at Alamogordo, New Mexico, on October 5th.

Dr. Louise Harvey Clarke of Riverside has been having a delightful vacation at Lake Tahoe.

Dr. John R. Haynes has been quite ill for several weeks with bronchitis, but is now practically well.

Dr. Arthur Louis Kelsey, oculist and aurist, has located in the Herman Hellman building, Los Angeles.

Dr. J. H. Bumelen of 1820 Bush street, Los Angeles, is said to have one of the rarest private collections of old books to be found in the West.

Dr. J. W. Nicolai, a graduate from the College of Physicians and Surgeons of Chicago, has located in Compton, Los Angeles county.

The members of the Santa Barbara Medical Association have been devoting themselves especially to the discussion of vaccination.

Dr. J. S. Steele of Monterey, Mexico, has been taking in the exposition at St. Louis, and returns expressing great satisfaction with what he saw.

Dr. D. E. Lane of Alhambra has been spending about two and a half months in the East, during which time he visited the World's Fair.

Dr. E. M. Manning of Flagstaff, Arizona, has been attending the meeting of the Territorial Board of Examiners at Phoenix.

Dr. L. D. Ricketts of Globe, Arizona, was recently in Douglas and Bisbee, investigating some mining interests which he has there.

Dr. N. H. Morrison, chief surgeon of

the Santa Fé Company, has been inspecting the company's hospitals in Albuquerque and other eastern points.

Dr. S. J. Brimhall, formerly of St. Joseph's Hospital, St. Paul, has located in Los Angeles with offices at 965 West Seventh street.

Dr. George C. Bryant has just finished a post-graduate course at Johns Hopkins Hospital, and is devoting himself to surgery in Alamogordo, New Mexico.

Dr. Robert Haynes, who has been spending a few weeks at Idyllwild, has returned and resumed his professional work.

Dr. H. E. Bogue, a graduate of Rush Medical College, and formerly of Salisbury, Vermont, has located in Whittier, Cal.

Dr. John Y. Oldham, who, with his family, has been spending the summer in Ocean Park, has returned to Los Angeles, his residence being at 2136 Estrella avenue.

Dr. Max Soloman, the well-known San Francisco physician, has been spending ten days in Los Angeles, having made this five-hundred-mile trip in his automobile.

Dr. Sylvester Gwaltney, formerly of San Pedro, has returned East to practice his profession. He was given a most flattering reception by the citizens of San Pedro before he left.

Dr. A. Carillo of Monterey, Mex., is taking a trip through the United States, accompanied by his secretary. Besides other points of interest the doctor will spend some time at St. Louis.

The Southern California Medical Society will convene in Pomona, December 7th and 8th. We trust there will be a large attendance from all parts of this country.

Dr. George E. Bahrenburg, lieutenant-surgeon of the Soldiers' Home, has returned from an eastern visit, during

which he thoroughly did the St. Louis Exposition.

Dr. T. M. Heard of San Bernardino is high physician of the High Court of California of the Independent Order of Foresters. He was recently called to San Diego on important business connected with the order.

Dr. Robert L. Doig of San Diego delivered an address before the Woman's Parliament in Los Angeles on "The Care of Children." Dr. Doig then spent a few days in Los Angeles and was greeted by many professional friends.

Dr. Augustin Robles del Campo, formerly of the City of Mexico and latterly of Mazatlan, has located at Cananea, Mexico, and the papers there say he brings with him instruments valued at over \$30,000.

Dr. H. G. Burton, assistant surgeon at the Soldiers' Home, Santa Monica, has been granted three months' leave of absence, in which to take a rest after seven years of close application to duty in the hospital.

There are about 200,000 physicians in the United States, and the average cost of their four years' preparation for the practice of medicine is \$4000, and the average yearly income is \$750, or about \$60 a month.

Miss Rebecca C. Alberts, formerly head nurse in one of the departments in the California Hospital, has been appointed superintendent of the hospital at Fullerton. Miss Alberts is a most capable, faithful nurse.

The estate of Dr. N. S. Davis, who died in Chicago in June, is valued at \$39,000. Dr. Davis was early and always an advocate for higher medical education, and was known as the father of the American Medical Association. He died at the age of sixty-seven.

For the year ending June 30, 1904, there were 26,138 medical students in the United States, 1477 less than in the

year 1903. Of this number 23,662 were in attendance at the regular schools, 1105 at the homeopathic and 1014 at the eclectic.

Mr. Henry E. Huntington, the head of the electric railway system in Southern California, is planning a hospital for his employes. Dr. E. A. Bryant, head of the surgical and hospital departments of Mr. Huntington's railways, says that the idea has passed the preliminary stages.

Dr. Louis Weber, a graduate of the University of New York, and who took one and one-half years' post-graduate work at Heidelberg and one and a half years' post-graduate work at Berlin, has removed from 2812 Oxford street, Philadelphia, to 801 East Ninth street, Los Angeles.

Drs. Bicknell & Moore, for a long time partners in the practice of medicine in Los Angeles, have dissolved, Dr. F. T. Bicknell associating with himself Dr. John C. Ferbert and retaining the offices in the Bradbury building, and Dr. M. L. Moore removes to the Herman Hellman building and associates, with himself his son, Dr. Clarence Moore.

On October 2nd Dr. F. M. Pitts died at Highland, San Bernardino county, California, from a paralytic stroke. He was a native of Georgia, and seventy-nine years of age. He was an old practitioner in Hubbard City, Texas, having lived in California only about a year, and was highly esteemed by all who knew him.

Dr. and Mrs. R. B. Hollingsworth have returned from their bridal tour, and, after spending a few days with the bride's parents, Dr. and Mrs. P. J. Parker, of San Diego, will leave for their home at Las Cruces, New Mexico. Dr. Hollingsworth will soon locate in San Diego, and be associated professionally with Dr. Parker.

Dr. J. Milton Welch died in Los An-

geles on Sunday, Nov. 6, 1904, after an illness of four months. He was a native of Illinois, graduated from the Eclectic Medical Institute at Cincinnati, and began practice in Kansas in 1869. He had been leading a quiet life in Los Angeles for ten years, having come to this city for his health.

Dr. William Watt Kerr of San Francisco, ex-president of the State Medical Society, recently, while driving his automobile, collided with another machine on Van Ness avenue. The result was that the doctor sustained a bad scalp wound, severely sprained ankles and numerous contusions. At last reports he was recovering.

The Hospital of the Good Samaritan, located at 934 West Seventh street, Los Angeles, has been closed for a few months, during which time the capacity has been trebled, and the equipment has been put on equality with that of the most modern institutions. On October 27th the institution was opened for the inspection of the medical profession, and Mrs. Pahl, the superintendent, received many congratulations.

Dr. D. W. Edelman has for several years been chairman of the Democratic City Central Committee. He has recently retired from that responsible position, his health having become considerably broken. The doctor has been manager of two campaigns that have elected in Los Angeles a Democratic Mayor, where there is a Republican majority of at least 5000.

Dr. Francis Smith Nash, late of the United States navy, gives instruction for admission to the army, navy, marine hospital, and also prepares for examination by State and hospital medical examining boards. Dr. Nash says that positions in the army, navy and marine hospital corps are for life, and pay salaries of from \$1600 to \$5000 per year. The doctor is located at 1723 Q street, Washington, D. C.

Dr. Thomas L. Stedman, who succeeds Dr. Shrady as editor of the *Medical Record*, was born in Cincinnati in 1853; received the degree of A.B. from Trinity College, Hartford, Conn., and the degree of M.D. from the College of Physicians and Surgeons in New York in 1877. Besides much writing on medical subjects, Dr. Stedman is also author of a Greek grammar, entitled, "The Mastery of Modern Greek."

Dr. A. M. F. McCullough, who, besides being a physician, does some mining and also dips into other lines of business, has been taking a trip through Mexico and investigating some mines down there. At one place he had to pay \$200 a day for his board and \$10 for a bunch of quill toothpicks. The moral of that is to not use toothpicks.

Dr. Petris, who is said to be a French physician with degrees from a French medical school, began practicing in Douglas, Arizona, without a license, and was arrested and fined \$100. These medical laws may sometimes work an injustice, as all laws for the betterment of the public at large will, yet the general influence of all these laws is most beneficial, and the profession should back them up most thoroughly.

On Friday evening, October 28th, Dr. and Mrs. J. H. Davisson celebrated their silver wedding anniversary at 920 Westlake avenue. The elite of Los Angeles were in attendance, and among others was a large delegation of the doctor's professional friends. The medical fraternity of Los Angeles heartily wish the doctor and his wife many decades more of that delightful home and social life for which they have become noted.

Dr. Norman Bridge of Los Angeles, in his lecture on tuberculosis, at the Public Library building, Chicago, under the auspices of the Chicago Medical Society, said: "Do not be afraid of fresh air. Nobody ever caught cold on account of fresh air as long as his body

was properly warmed. It is becoming fashionable to breathe fresh air. It will not be long before close houses and a vitiated atmosphere will not be tolerated. The people are getting proud of their ability to enjoy fresh air."

Dr. E. S. Blair, assistant physician at the Southern California Hospital for the Insane at Patton, was married at Valparaiso, Ind., to Miss Leona Droom. The wedding was just a week late, owing to washouts on the Santa Fé Railroad. A double wedding had been planned, but Dr. Blair was forced to wire from Albuquerque to let the wedding of Miss Droom's brother go on, while his must wait until the train could get there.

Dr. Paul M. Carrington, medical officer in command of the United States Marine Hospital Sanitarium for Consumptives at Fort Stanton, New Mexico, has been in St. Louis in attendance on the convention of medical officers and tuberculosis congress. At the latter, Dr. Carrington read a paper on the lack of discrimination of physicians in sending consumptives to high altitudes.

There was a brilliant wedding at the home of Dr. and Mrs. W. W. Hitchcock, 2700 South Grand avenue, Los Angeles, when their daughter, May, was married to Dr. Dudley Fulton, formerly of South Bend, Indiana. Dr. Fulton is a graduate of the Jefferson Medical College, Philadelphia, and has for several years been a successful young practitioner. He located in Los Angeles some time since, where he has gained the respect of all of the members of the profession with whom he has come in contact.

A well-known Southern California physician says he has quite a large general practice and should like to get a regular physician of experience and ability who has a California license, to take charge of his practice for several months while he is doing post-graduate

work East. He might form a partnership with the right man, if he could furnish at least \$2000 in cash. If any person would care to correspond with this gentleman, and will address the Southern California Practitioner, we will give him the address.

On the evening of October 10th the physicians of Tucson met and organized the Pima County Medical Association. There was a good attendance, and a constitution and by-laws were formulated and adopted. The following officers were elected: President, Dr. W. V. Whitmore; Vice-President, Dr. A. Walcott; Secretary and Treasurer, Dr. J. Lennox. We are glad to see the medical profession of Arizona keep pace with the remarkable development of that Territory along almost every other line. Arizona will soon be one of the great States of this Union, and the medical profession should be in position to keep step with the onward march.

Dr. William Walter, council secretary of the Nu Sigma Nu Fraternity, assisted by Dr. Robertson, of the University of Pennsylvania, installed Alpha Beta chapter of this fraternity in the University of Maryland on October 10th. The installation took place in the private parlors of the Belvedere Hotel. Among the charter members are several of the professors of the university. This fraternity numbers among its members some of the most prominent medical men of the world. It has affiliated clubs in a number of the educational centers of Europe, the latter having been installed by Dr. Walter on his recent trip.

On October 9th Mrs. Sarah Elizabeth Magee, wife of Dr. Thomas L. Magee, the well-known San Diego physician and surgeon, died at the family home from organic disease of the heart. Mrs. Magee was seventy years of age, and had resided in San Diego for nineteen years. She was a native of New York, having been born in Tompkins county,

and was prominent in church, Grand Army and charitable work. Her cheerful disposition made her a host of friends, who will sympathize with her family in their great loss. In addition to her husband, she is survived by her three sons—Chester, a physician in Los Angeles; Claude, a student at the Medical College of the University of Southern California, and Delos, who resides in San Francisco.

Dr. F. L. Blair, formerly of Providence, R. I., has located in Pasadena.

The Superior Jury of Awards of the Louisiana Purchase Exposition at St. Louis awarded a silver medal to Dr. Simon Baruch of New York City for his exhibit consisting of drawings, plans, construction and explanatory texts and statistics showing the economic value of free cleansing baths, the cost of construction and maintenance. In recognition of Dr. Baruch's work one of the new free public baths in Chicago has been called the "Simon Baruch Bath."

Dr. W. L. Fuller has joined his father, Dr. H. J. Fuller, at Silsbee, Imperial Valley, San Diego county, and will practice medicine there.

On October 21st Dr. William Wilson Phillips of Roswell, New Mexico, was married to Mrs. Bess Leland McDonald.

The Arrowhead Hot Springs Hotel Company of San Bernardino are about to build a hotel 280 feet in length, to cost \$150,000.

Dr. H. M. Smith of Las Vegas, N. M., ran over to the World's Fair for a couple of weeks recently.

Drs. Hoell Tyler and G. G. Moseley were a committee from the Redlands Hospital visiting Los Angeles for the purpose of completing their plans for opening the Redlands Hospital. Miss C. G. Patterson, who for several years was Superintendent of Nurses in the California Hospital, has been elected Superintendent of Nurses for this Redlands institution.

Dr. John H. Crawford, well known in Los Angeles and Santa Monica as an honorable and earnest practitioner of the eclectic school, died at Santa Monica on November 2nd, after a long continued illness. Dr. Crawford was highly respected by all who knew him.

Dr. G. P. Corwin, formerly of Pomona, has located in San Dimas, where he succeeds to the practice of Dr. Walter Stapley.

Dr. F. M. Pottenger of the editorial staff of the Southern California Practitioner, has returned from an eastern trip of several weeks, during which he visited the fair at St. Louis and attended the Congress on Tuberculosis, and also spent some time in Ashville, N. C. Since the doctor's return he has begun his lectures at the Medical College of the University of Southern California.

As to the very important part which many physiologists attach to the spleen, Dr. J. Henry Carstens of Detroit, Mich., in speaking before the Mississippi Valley Medical Association recently said that he had extirpated the spleen in two men. In both cases there was great debility and emaciation, and the operation disclosed sarcoma and was followed by complete recovery. In one case the patient gained ninety-six pounds in weight in the fifteen months following his discharge from the hospital. This would indicate that the spleen is not such an absolute necessity after all. Dr. Carstens' experience coincides with that of several other surgeons.

The Southern California Homeopathic Society held its annual session in the Westminster Hotel, Los Angeles, October 12th and 13th. The following officers were elected: President, Dr. M. W. Hill of Redlands, First Vice-President, Dr. W. E. Waddell of Los Angeles; Second Vice-President, Dr. Hannah M. Romain of Los Angeles; Secretary and Treasurer, Dr. F. S. Bernard

of Los Angeles. Board of Directors: Dr. Eliza J. Beach of Pasadena, Dr. C. L. Rich of Fullerton, Henry L. Stambach of Santa Barbara, and Dr. W. H. Stiles of San Bernardino. The *Board* of Censors who were named last year were re-elected for the ensuing year, namely, Drs. C. B. Dickson, W. J. Hawkes, E. C. Manning, S. S. Salisbury and H. M. Bishop; all of Los Angeles. The retiring President, Dr. E. C. Buell, made a very able address, in which he predicted the early disappearance of all classes in medicine, and that the time would soon come when the practitioner would simply be the beloved physician without any special label. The papers were, as a rule, interesting and evoked spirited discussion.

Dr. H. M. Robertson of Arlington, Riverside county, returned on November 2d from a trip to the St. Louis Fair. He says that the fair is magnificent in every way, but that it covers entirely too much ground.

Dr. Dysart, who for three years has been a resident of Bisbee, Ariz., and surgeon for the Copper Queen Mining Co., has resigned and removed to Phoenix.

Dr. McClellan, who has been located at Bisbee temporarily, has removed to Agua Caliente where he will be connected with the hospital.

Dr. Henry Sherry of Pasadena has returned from an eastern trip.

Dr. P. A. Melick of Williams, Ariz., is now in the East and during his absence will visit the World's Fair.

Dr. Plato M. White, graduate of the Medical College of Ohio, 1882, who for seventeen years has been a well-known advertising "specialist" in Los Angeles, put a bullet in his heart in his room adjoining his offices on November 10th.

Dr. G. A. Bridge, surgeon to the Copper Queen Mining Co., Bisbee, Ariz., returned home from a visit to the World's Fair and other Eastern points.

Dr. G. C. Burbank of Long Beach was married on November 9th to Miss Mary Findley.

The Pomona Hospital, which has been having some trials of its own, is about to reopen under most excellent auspices.

Dr. William T. Barry of Santa Barbara attended a meeting of the Californi Public Health Association in San Francisco.

Dr. H. M. Austin of Monterey, Mex., physician and surgeon to the National Railroad, was married on November 9th to Miss Susie MacCullough of Laredo, Tex. The newly-married couple took a tour to St. Louis and visited the fair, and after that returned to San Luis Potosi, Mex., where the doctor will practice his profession.

Dr. James Beard of Santa Ana has moved his office to Tustin, three miles distant.

Dr. J. H. Easterday of Albuquerque has been taking an Eastern tour.

Dr. George C. Clark of Fullerton has been spending several weeks in hospital work in Eastern cities.

Dr. A. J. Scott has opened an office for the practice of his profession in Orange, Cal.

Dr. M. R. Toland, ex-president of the Southern California Medical Society has been very ill at his home in Los Angeles from a complication of diseases of the liver and stomach.

Dr. C. G. Duncan of Socorro, N. M., has been taking a World's Fair trip.

Dr. William L. Woodruff has removed from Phoenix, Ariz., to Long Beach, Cal.

Dr. L. E. Wightman of Globe, Ariz., has been spending two months in the East taking a post-graduate course in the hospitals there. The doctor also spent some time at the World's Fair.

Dr. Francis Marion Casal of Santa

Barbara died in that city on Saturday, November 5th. Dr. Casal graduated from Rush Medical College in 1864. He leaves a married daughter and a young son.

NEW YORK, Oct. 5, 1904.

The Southern California Practitioner,
Los Angeles, Cal.

GENTLEMEN.—We have just discovered that in reproducing that most excellent paper of Dr. R. T. Bullard from the Southern California Practitioner in the October *Dietetic Gazette*, our printer has failed to give credit to your journal. We know that credit was given on the galley proof, but in pageing the paper the printer somehow left out the credit which was given in a foot-note. The only restitution we can now make is to announce the fact in our November number. Yours very truly,

THE GAZETTE PUB. CO.
E. M. P.

Labor, fusing opaque articles of rock, produced transparent glass, which it moulds and polishes and combines so wonderfully that sight is restored to the blind; while worlds before invisible from distance are brought so near as to be weighed and measured with an unerring exactness, and atoms which had escaped all detection from minuteness reveal a world of wonder and beauty in themselves.—*Labor*: Rev. Newman Hall.

The great men of culture are those who have had a passion for diffusing, for making prevail, for carrying from one end of society to the other, the best knowledge, the best ideas of their time; who have labored to divest knowledge of all that was harsh, uncouth, difficult, abstract, professional, exclusive; to humanize it, to make it efficient outside the clique of the cultivated and learned, yet still remaining the best knowledge and thought of the time, and a true source, therefore, of sweetness and light.—Matthew Arnold.

BOOK REVIEWS.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN, for the use of Students and Practitioners. By James Nevin Hyde, A.M., M.D., Professor of Skin, Genito-Urinary and Venereal Diseases, Rush Medical College, Chicago; Dermatologist to the Presbyterian, Augustina and Michael Reese Hospitals of Chicago, and Consulting Dermatologist to the Chicago Hospital for Women and Children, and Frank Hugh Montgomery, M.D., Associate Professor of Skin, Genito-Urinary and Venereal Diseases, Rush Medical College, Chicago; Professor of Skin and Venereal Diseases, Chicago Clinical School; Attending Physician for Skin and Venereal Diseases, St. Elizabeth Hospital, Chicago. Seventh and revised edition. Illustrated with 107 engravings and 34 plates in colors and monochrome. Lea Brothers & Co., Philadelphia and New York. 1904. Cloth, \$4.50; half morocco, \$6.00.

The "seventh edition" sounds like the advertisement of "The Crisis" or "Mrs. Wiggs of the Cabbage Patch."

This is practically a new work. Every page has been carefully revised, and numerous new subjects have been introduced. Radiotherapy, Phototherapy and the technique and value in diseases of the skin of both the Finsen light and the X-rays are fully considered.

In speaking of acne, the author says it is an entirely remediable disease in every properly managed case. He prohibits tobacco, liquor, confectionery, pastry, hot bread and fried articles, and insists on a milk diet or one largely composed of fish, fruits and the lighter vegetables. There is usually constipation, and the author recommends now and then blue pill or calomel at night, followed by saline in the morning, with Cascara as a steady laxative, and a large quantity of pure water between and before meals. A daily cool bath, followed by thorough rubbing with a rough towel, is a necessity. "For many cases of acne the use of the X-rays has proven the most rapidly effective local treatment. Under their influence pus-formation ceases, and the lesion usually disappears." Curetting the papules is another

important measure, to be followed by use of green soap and hot water. The following procedure is recommended:

"The patient is seated before a basin of HOT water, and, with a pad of white flannel, the face is bathed until the skin is thoroughly moistened and softened by the heated water and steam. From ten minutes to half an hour may well be employed in this way. While the face is still wet, all pustules which have formed are emptied, and a sufficient quantity of spirit of green soap is poured over the flannel, with which the face is then thoroughly scrubbed. Finally, the skin surface is cleansed with a surplus of the water, is carefully dried, and is anointed with a sulphur ointment. The ointment may be compounded by adding from 15 grains to 2 drachms of sublimed sulphur and half of the same quantity of resorcin to an ounce of lanolin, cold cream, or vaseline. In the morning the face is to be washed with cold water."

This treatment will be necessary nightly for from two to ten days, when it is to be gradually stopped.

Throughout the volume is replete with good, practical instruction.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS. The present volume is one of a series of ten issued at monthly intervals, and covering the entire field of medicine and surgery. Each volume being complete for the year prior to its publication on the subject of which it treats. Price of this volume \$1.00. Price of the series of ten volumes, \$5.50, payable in advance. Under the general editorial charge of Gustavus Head, M.D.

VOLUME VIII, *Materia Medica and Therapeutics, Preventive Medicine, Climatology, Suggestive Therapeutics, Forensic Medicine*, edited by George F. Butler, Ph.G., M.D.; Henry B. Farill, A.B., M.D.; Norman Bridge, A.M., M.D.; Daniel R. Brower, M.D.; Harold N. Moyer, M.D. July, 1904. Chicago. The Year Book Publishing Co.

This volume is full of good things brought right down to date. We were personally interested in seeing that in the section on materia medica and therapeutics the editors quote very extensively from the Southern California Practitioner for March, 1904, from the lecture on Hydrotherapy in Pneumonia given by S. Baruch at the Medical Col-

lege of the University of Southern California.

In the chapter on Preventive Medicine, the Southern California Practitioner for July, 1903, is quoted, giving the gist of the paper by Health Officer L. M. Powers of Los Angeles on the inspection of schools and recommending a visiting nurse for the public schools. (This recommendation of Dr. Powers is now being carried out.)

In "Forensic Medicine," the Southern California Practitioner for September, 1903, is extensively quoted, giving the report of Dr. W. V. Coffin of the ninety cases of ptomaine poisoning that occurred at one time in the Whittier State School.

VOLUME IX. PHYSIOLOGY, PATHOLOGY, BACTERIOLOGY, ANATOMY DICTIONARY. Edited by W. A. Evans, M.S., M.D.; Adolph Gehrmann, M.D.; William Healy, A.B., M.D. August, 1904. Chicago: The Year Book, Publishers, 40 Dearborn street.

The present volume contains a continuation of the high grade of work that has been presented in the former volumes, while the cuts are decidedly better than many of those appearing previously. Probably to the general practitioner one of the most interesting features of the present volume is the dictionary of new medical words from pages 191 to 221. Words in medical literature are being coined so rapidly that it is almost impossible for the practitioner to keep abreast of the times without something like this at his elbow.

SKIN AND VENEREAL DISEASES, NERVOUS AND MENTAL DISEASES. Volume X. Edited by W. L. Baum, M.D.; Hugh T. Patrick, M.D. September, 1904. Chicago: The Year Book, Publishers, 40 Dearborn street.

The classification and arrangement of subjects are exceedingly good, and the work portrays the latest advancement in the subjects comprised.

On page 105, the author speaks thus of the Fan-Sign: "Facts observed by

Babinski have led him to believe that disease of the pyramidal tracts may not only cause the toe-phenomenon and the abduction-sign, but also a spreading of the toes (the fan-sign.) To obtain this sign, the patient should lie flat on his back, crossing his arms over his chest; he then should execute alternate movements of flexion and extension of the trunk upon the pelvis, just as in the maneuver of demonstrating the sign of combined flexion of the trunk and thigh. During this act the toes will be seen to spread apart (the fan-sign.) The significance of this new sign is as great as that of reflex abduction; yet, although both signs sometimes co-exist, one usually occurs without the other."

LEA'S SERIES OF MEDICAL EPITOMES. NAGEL'S EPITOME OF NERVOUS AND MENTAL DISEASES. A Manual for Students and Physicians. By Joseph Darwin Nagel, M.D., Consulting Physician to the French Hospital, New York. In one 12mo volume of 276 pages, with 46 illustrations. Cloth, \$1.00 net. Lea Brothers & Co., Publishers, Philadelphia and New York. 1904.

The book is conveniently divided into five parts. First, diseases of the peripheral nervous system; second, diseases of the spinal cord; third, diseases of the medulla oblongata; fourth, diseases of the cerebrum and cerebral membranes; fifth, diseases of the mind. Part five, from pages 191 to 258, dealing exclusively with insanity, and conveniently divided into ten chapters, discussing the various forms, is especially useful to those engaged in the examination of the insane.

The appendix, from pages 259 to 266, discusses insomnia in a very interesting and instructive manner. For those who wish to use the volume as a compend, at the end of each chapter is a list of questions involving the essential points.

DAVIS' OBSTETRICS. NEW (SECOND EDITION.) A TREATISE ON OBSTETRICS. FOR STUDENTS AND PRACTITIONERS. By Edward P. Davis, A.M., M.D., Professor of Obstetrics in Jefferson Medical College; Professor of Obstetrics and Pediatrics

in the Philadelphia Polyclinic, etc. New second edition,) thoroughly revised and much enlarged. Octavo, 800 pages, with 274 engravings and 39 full-page plates in colors and monochrome. Cloth, \$5.00 net; leather, \$6.00 net.

From a practical standpoint this work is all that could be desired. Dr. Davis has furnished a thoroughly scientific and brilliant treatise on obstetrics.

The book is very conveniently divided into six parts. Part first, pregnancy; part second, labor under two divisions: first, spontaneous normal labor, and, second, the pathology of labor; part third, the puerperal state; this also in two sections. The first, the physiology, and, second, the pathology of the puerperal state. Part four, obstetric surgery. Part five, infancy, including the physiology, the pathology and the diseases of infancy. Part six, the jurisprudence of obstetrics. This latter part, from pages 761 to 779, comprises one of the interesting features not usually embodied in such works.

The type is excellent, the cuts admirable, the paper of best quality, and the index complete. On the whole, it is one of the best works of the time.

EVOLUTION OF ETHICS. VOLUME I.

The Ethics of the Greek Philosophers, Socrates, Plato and Aristotle. A lecture given before the Brooklyn Ethical Association, season 1896-1897. By Prof. James H. Hyslop, Professor of Logic and Ethics, Columbia University; author of "Elements of Logic," "Elements of Ethics," "Hume's Treatise on Morals," "Democracy" and "Lessons in Logic." Edited by Charles M. Higgins, with portraits of the Philosophers, together with extracts from their works, and editorial notes to show their close relation to modern thought, concluding with a brief Life of Socrates. Published for the Brooklyn Ethical Association, by Charles M. Higgins & Co., New York, Chicago, London, 1903. Cloth, \$2.

In this work the physician may receive an introduction to the Greek philosophers that will be invaluable as an educational factor. The author speaks of those times as the brilliant age of Greece, when women philosophers, poets and rhetoricians contended for prizes

with men and often won them on their merits, and when we might see the greatest masculine intellects of the day sitting at the feet of brilliantly educated women and learning from them—Socrates, for instance, at the feet of Diotima, the great Pythagorean woman-philosopher, who taught him the true philosophy of the universal principle of beneficent and creative love. It is the editor's idea to show the philosophy of the Greek philosophers to be the philosophy of today, and he points out that the teaching of Socrates is identical with that of Herbert Spencer in his "Data of Ethics." Some of the quotations from Socrates should be engraven in tablets of brass and placed in a prominent place on the walls of the Council chamber of the city of Los Angeles, e.g., "Faith should be kept more strictly with a city than with private persons." Prof. Hyslop controverts the accuracy of the translation that gives the fundamental doctrine of Socrates to be based on these two formulas: first, that "knowledge is virtue;" second, that "no man is voluntarily bad." In the opinion of Socrates, the great sin was ignorance. He assumed that a man will always do the right if only he knows what it is. Speaking of the personality of Socrates, the author says: "He was a somewhat corpulent, well-fed looking body, with shaggy hair, pug nose, barefooted, ill-dressed and generally of ungainly appearance." He had an interminable disposition to argue with everybody. "Today, he would be treated as a bore or a crank." "Xantippe complained that Socrates roamed the streets talking about philosophy when he should have been at work supporting her and his children." Perfect self-control was the peculiar virtue of Socrates. He did not get tipsy at a banquet while his companions were often said to be found under the table. We must dip no further into this interesting volume. Here are sketches of the lives and teachings of

Plato, Aristotle and Pythagoras that are all of absorbing interest, with the noblest extracts from their writings. The editor says: "Now consider the absurdity of applying this term *pagan* to the old Greek philosophers, Socrates, Plato and Aristotle, three of the greatest minds in the history of religion, ethics and philosophy. These men were not rustics or barbarians and not godless, but eminently 'godly,' and represented the highest urban culture, and were perhaps the greatest thinkers and teachers on ideal religion, ethics and politics in the history of the world. In their works will be found the most exalted conceptions of God, the soul, and a life of virtue, and many of their ideas on these lines have been adopted by all subsequent religious and philosophic sects, the Christian included. In the words of Socrates, 500 years before the New Testament was written, will be found a clearer statement of the doctrine of the immortal soul and its future states of probation, reward and punishment than can be found in any part of the Bible."

"Preliminary Treatment in Minor Gynecological Surgery" is the title of a recent reprint by William B. Small, M.D., of Philadelphia.

HOW TO COOK FOR THE SICK AND CONVALESCENT. Arranged for the Physician, Trained Nurse and Home Use, by Helena V. Sachse. Second edition, revised and enlarged. J. B. Lippincott Company, Philadelphia. 1904.

The wider circulation that is given to such books as this the better it is for the public at large, and the better by far it is for the physician. It puts before the family the best methods of preparing suitable diets, and also instructs them in the principles of foods and cooking. The author sums up the following principles:

1. Starchy foods require long cooking.
2. Albuminous foods, as eggs, oysters,

etc., must be cooked at a low temperature, or they are rendered tough.

3. Fats, in the form of butter and cream, are best added after the food has been removed from the fire.

4. Where boiled milk is objected to, the milk is only heated to the pasteurizing point (165° F.)

5. When a restricted diet is ordered and starchy food is not allowed, the soups and sauces are thickened with yolks of eggs or Irish moss.

6. No fried foods should ever be given an invalid.

7. Give as much variety as possible.

8. Serve everything tasty, and use as little flavoring as possible, so that the flavor of the main food principle be not lost.

Garnish the dishes, but be sure they taste as good as they look.

Measure all ingredients carefully before mixing. Taste before serving. Serve hot foods hot (not lukewarm.)

THE DOCTOR'S RECREATION SERIES.
Charles Wells Moulton, General Editor.
Volume III. In the Year 1800. Being the relation of sundry events occurring in the life of Dr. Jonathan Brush during that year. By Samuel Walter Kelly, M.D. 1904. The Saalfeld Publishing Co., Chicago, Akron, Ohio; New York. Price in cloth, \$2.50.

This volume is of the Weir Mitchell type.

It is a novel, told as the autobiography of a practicing physician in the days of Benjamin Rush. There is a graphic description of amputation without anesthetics. The daily life of a student in a Philadelphia medical college over a century ago is given in an interesting as well as in an historically accurate manner. Pick the book up, read a few pages and you will soon be deeply interested.

The way a Maine village was infected by the Perkins tractor craze, which was as much of a fad in those days as Christian Science is today, is described. Through all of this story runs a delightful thread of love and affection.

LECTURES TO GENERAL PRACTITIONERS ON THE DISEASES OF THE STOMACH AND INTESTINES, as well as the Allied and Resultant Conditions, with Modern Methods of Diagnosis and Treatment. By Boardman Reed, M.D., Philadelphia, Pa., Professor of Diseases of the Gastrointestinal Tract, Hygiene and Climatology in the Department of Medicine of Temple College, Philadelphia; Attending Physician to the Samaritan Hospital; Member of the American Medical Association, American Climatological Association, American Academy of Medicine, American Electro-Therapeutic Association; Foreign Member of the French Societe d' Electrotherapie, etc. This work in its eighty-two lectures covers comprehensively the Etiology, Pathology, Symptomatology, Diagnosis and Treatment of the various diseases in question, and is complete in one large octavo volume of 1024 pages, fully indexed and illustrated by about one hundred and fifty engravings in line and half-tone process. In substantial cloth binding, \$5.00 net; half morocco, \$6.00. E. B. Treat & Co., Publishers, 241-243 West 23d Street, New York.

The author, Dr. Boardman Reed, for five years editor of the *International Medical Magazine*, is especially equipped for writing a treatise on this subject.

In examining the stomach and diagnosing its outlines and the state of its motor function, the author particularly commends clapotement (eliciting a splashing sound by tapping with the fingers) and percussion. He says: "My own experience has convinced me that stomachs, like noses, may vary considerably in size and yet be within normal limits, but when they extend in the empty condition much lower than a point midway between the sternum and umbilicus, they are generally pathologic." In addition to these external methods of diagnosis, Dr. Reed inflates the stomach by giving the patient to drink three-quarters of a teaspoonful of bicarbonate of soda in a goblet of warm water. Then from 8 to 12 drops of chemically pure hydrochloric acid is dissolved in a glass of water which the patient drinks. After a momentary kneading of the abdomen, the two chemicals combine and the stomach is inflated. There is a chapter giving accurate directions for test meals and testing the stomach contents.

Under "Precautions for Dyspeptics," the following excellent advice is given: They should never eat a hearty meal when very tired, vexed, worried, or cold. If they have been exercising severely, they should lie down or rest in some easy position for half an hour before eating. They should eat slowly and simply, combining few things in one meal, and, above all, masticate thoroughly every morsel taken. Pleasant company and a cheerful spirit at meal hours are also important. It is not well for them to exercise either the mind or body actively for at least half an hour, and better an hour, after their principal meals, especially after their dinners. They must learn to use their saliva for the purpose of moistening and partly digesting their farinaceous food instead of washing it down with drinks." Diets are also given for the various conditions of the stomach. The author enters fully into the subjects of "Gastrectasis" and "Splanchnoptosis." There is also a profusely illustrated section on "Intestinal Obstruction."

Throughout the work the equivalent is always given in the metric system, the two systems being thus constantly placed side by side. This is a good idea, as every practitioner should be thoroughly familiar with the metric system.

BEING DONE GOOD. (COMMENTS ON THE advance made by Medical Science during the past 5500 years in the treatment of Rheumatism,) by Edward B. Lent. Three hundred and forty-five pages; \$1.25. The Brooklyn Eagle Company, 1904.

This is a humorous portrayal of a newspaper man's experience in fighting rheumatism. The author, while staying in a general way by his regular attending physician, tried many of the "sure cures," and the witty manner in which he touches off all of the various remedies for rheumatism is very entertaining. The work is written in good literary style, and taken all in all it is a refreshing book for the physician to pick up for a half hour's reading.

THE SURGICAL TREATMENT OF BRIGHT'S DISEASE. By Geo. M. Edebohlis, A.M., M.D., LL.D., Professor of the Diseases of Women in the New York Post-Graduate Medical School and Hospital, Consulting Surgeon to St Francis Hospital, New York; Consulting Gynaecologist to St. John's Riverside Hospital, Yonkers, N. Y., and to the Nyack Hospital, Nyack, N. Y.; Fellow of the New York Academy of Medicine, and of the American Gynaecological Society; Honorary Fellow of the Surgical Society of Bucarest; Permanent Member of the Medical Society of the State of New York, etc. Frank F. Lisecki, Publisher, 9 to 15 Murray street, New York. 1904.

This very interesting volume seems to the reviewer a very fair representation of the subject which is as yet largely a matter of speculation. As the author says in his preface: "There is manifest, however, a very active and insistent demand on the part of the medical profession for such facts and information, especially as regards results, as may at present be available concerning the new treatment of so common and so fatal a malady as chronic nephritis. To meet this demand as far as is possible at the present writing is the object of this volume."

About two-fifths of the present volume consists of various contributions by the author, which have appeared contemporaneously with the inception of the present work. The remaining three-fifths is new matter, never before published, and deals with that phase of the subject which is at present exciting the keenest interest, namely, the result.

In going over the volume somewhat carefully, the reviewer is impressed with three essential points: First, that the author was stimulated to further experimental work by finding that certain cases of movable kidney, complicated by nephritis, were permanently cured of the latter disease in instances where anchoring of the kidney was accompanied by incision of the capsule. Second, that the author's experience, as recounted in the cases reported, could not otherwise than make him enthusiastic over the results obtained. Third, the reviewer is im-

pressed with the idea that, provided the procedure produces like results when done by other surgeons, it must in time become a well-established measure.

On page 11 occurs this statement: "The fact that chronic Bright's disease may be unilateral in one-half, or nearly one-half, of a series of eighteen cases, may come as a surprise to many of my readers, as, indeed, it proved a revelation to the writer."

On pages 14 and 15 is described the technique of the operation. In the first paragraph of the author's conclusion of page 318 is the true meat of the nut. It is as follows: "The surgical treatment of chronic Bright's disease proposed and advocated by the author is on trial and will be judged by its results. In diseases which, like chronic nephritis, run a protracted course, years of patient observation are required to determine and establish finally and definitely the value of any method of treatment. The author is fully aware that a much longer period of observation, than the period of time elapsed since the introduction of the procedure, is necessary before final judgment can be passed upon the real and full value of renal decapsulation for chronic Bright's disease."

The last paragraph of this same chapter gives the author's opinion concerning the operation, as follows: "The evidence submitted not alone justifies the surgical treatment of Bright's disease, but establishes surgery as at present the main, if not the only, hope of sufferers from a hitherto incurable malady."

REGIONAL MINOR SURGERY. BY GEORGE Gray Van Schaick, Consulting Surgeon to French Hospital, New York. Second edition, enlarged and revised, 228 pages, bound in cloth, profusely illustrated. Price, \$1.50. International Journal of Surgery Co., New York.

The initial chapter on asepsis and suturing contain many useful little points of interest. The author's object,

to furnish the general practitioner with such practical information on minor surgical conditions as will be of the greatest service to him in his daily practice, has been well accomplished. Subjects of a technical character have been avoided, and only the most applicable methods demonstrated by twenty years' private and hospital experience are presented. The book is liberally illustrated with original sketches and is eminently practical and useful.

DUNHAM'S NORMAL HISTOLOGY. A Text-book on Normal Histology for the use of Students and Practitioners of Medicine. By Edward K. Dunham, Ph.B., M.D., Professor of General Pathology, Bacteriology and Hygiene in the University and Bellevue Hospital Medical College, New York. New (third) edition, revised and enlarged. In one octavo volume of 334 pages, with 260 illustrations. Cloth, \$2.75 net. Lea Brothers & Co., Philadelphia and New York, 1904.

In the present revision there has been inserted a most valuable and practical section on the Care and Use of the Microscope, and on Histological Technique. No better text-book and laboratory manual on normal histology has ever been issued, and its great popularity has made possible its publication at a price the reasonableness of which is appreciated by every student.

WE HAVE RECEIVED VOLUME I, NO. 1, OF THE AMERICAN JOURNAL OF UROLOGY, edited by Henry G. Spooner, M.D., of New York City, and published by the Draf-

ton Press, 70 Fifth avenue, New York City. Price, \$3.00 a year in advance.

The object of this journal, as stated, is to present to the profession a reliable record of the progress of genito-urinary diseases in both sexes. It is the official organ of the American Urological Association. The contents of this number certainly encourage us to expect that this will be a most valuable publication.

We have received the following reprints by George Dock, A.M., M.D., Professor of Medicine in the University of Michigan, Ann Arbor, Mich.: (1) "The Influence of Complicating Diseases Upon Leukaemia;" (2) "Prognosis: Its Theory and Practice;" (3) "Vaccine and Vaccination."

TOXICOLOGY. A MANUAL FOR STUDENTS AND PRACTITIONERS. By Edwin Wells Dwight, M.D., Instructor in Legal Medicine, Harvard University. Lea Brothers & Co. 1904. Pages, 298.

The book furnishes interesting reading. It is authoritative, although brief and concise. The author makes no pretensions of covering the ground of Toxicology exhaustively. The book is well written and is very well up to date. The practitioner will find it as good as and perhaps better than any of the smaller works for quick reference and for review of the subject, and the student, a book that will safely inform him in all of the essentials of Toxicology.

JOY-MONTH IN THE MOUNTAINS.

After the rain—how sweet the air—
we breathe deep and lift our eyes to the
purple mountains half hidden by rainy
haze. Over there on the lower slope
of the nearest hill we see a glint of the
tender green of the grass—

" . . . creeping, creeping everywhere;

By the dusty roadside,
On the sunny hillside,
Close by the noisy brook,
In every shady nook.

Creeping, creeping everywhere."

Soon we know the "mesa's somber
brown" wooed by kisses from the sun
god will be vivid with the golden fire of
myriads of poppies, and spring will have
come upon California even before Nov-
ember has announced that winter is on
the way. Today—here at Honeysuckle
Lodge—I have tried to look higher into
the heart of the hills from which I have
only just come down, and where deep
down near the brook I gathered crisp,

dainty, dark-green fern fronds from the crevices of great overhanging rocks in Coldwater Cañon, so deep, so dark, so cold that summer had scarcely penetrated there, and I knew that almost before the water would wash away my footsteps there would be a soft white blanket of snow in-wrapping my tiny fern friends for the long sleep of winter. Up there on the mountain tops the golden rod is golden still, and the red penstemons are waving their graceful plumes under the shadow of the great pines, but the hearts of the sunflowers are growing darker and sadder, the oak leaves are taking on pale golden hues, the sycamores in the valley are showing the silver sheen of age and the great fields of bracken are taking on Titian red-browns and yellows. The brook is swollen from last night's shower, and in my fancy I can hear it—

"Chatter over stony ways,
In little sharps and trebles."

Down below in the maze of undergrowth, and underneath the hazel and the azalea bushes the bright red glint of the strawberry leaves hanging down to the very edge of the water is the only token that fall is there, and that winter is coming.

Lying here in the hammock, drinking in the soft balmy air of what is surely springtide, and with the dull sound of the far-away surf at the foot of Point Loma in my ears—I have tried to imagine that up there under the shadow of Tauquitz where I rode so recently along the banks of Lily Creek, and lost myself in the depths of the forest of cedar, and pine, and "silver balsam," that up there the leaves are fast falling, and that the peaks are now capped, and the gray mantle of winter has been silently flung over Strawberry Valley—but no! Strawberry Valley will always bring visions of laughing brooks, and busy, cheerful, whistling birds, and fields of golden rod, and red penstemons, and yellow-brown

brakes, and deep seas of green tree tops, and the joy—joy—joy of life, and once more the exultation of the mountain tops is in my soul and from the topmost peak of Tauquitz I am looking out on California that—

"Lies not east nor west,
But like a scroll unfurled,
Where the hand of God hath flung it
Down the middle of the world."

And then I turn and look lazily out on the broad, brown mesa and across the blue waters of the bay to the white shore line, and I rest in the perfume of the honeysuckle and swing in childish, peaceful content, knowing that tonight in the land of dreams I shall again be on "Galen, the horse," struggling up, up, up—to the Land of Vision I found that week at Idyllwild.

FORMAL FUNCTIONS IN CAMP.

There was great excitement in Strawberry Valley from Billy Rock to the foot of Tauquitz trail, and one could see a deal of scurrying and scampering about among the tents, and knots of pretty girls with their heads together making plans, while big men went about with a determined air of "don't ask me, because I won't tell," and all because a fiat had gone forth that the season was to be closed with a great vaudeville in the pavilion, in which every man, woman and child in camp who could "do a stunt" would have some part.

There was a business manager, a stage manager, and an advance advertising agent, and the importance of their positions could not (in their minds) be overestimated. It's a serious proposition to put a new "combination on the road" when the newspapers, the costumer, the decorators, and even the bill posters are all a hundred miles away, down in "the cities of the plains."

But mountain air will stimulate to almost any pitch of energy, and so the vaudeville was a success—with literally standing room only in the big pavilion

at Idyllwild. Decorations had been a matter of frequent discussion with the management, and many plans formulated only to be discarded as inappropriate or impracticable. However, the stage manager suggested solution when he brought out yards and yards of burlap ten feet wide and proceeded to build screens or partition walls for the foyer, the green room, and the stage settings. A great wagonload of handsome brakes (ferns) in all their crisp freshness, several hundred of them, were cut from the mountain side and placed at our disposal, and a few papers of pins and quick fingers soon had covered the background of burlap with the graceful fronds. The effect, especially after the lights at night brought out soft shadow effects, can scarcely be imagined, but I then and there determined that some time it should be repeated down in "the places where men do dwell," as inexpensive and lovely. Six big joints of cement piping set on end took the place of pedestals and jardinières, for it was in vain that the cook had been pleaded with to yield up crocks or jars, but when our pipe was in place and great sprays of fern four feet long grouped in bouquets five feet across was placed at either side of the tiny stage and at the ends of the aisles and in the foyer there was not the least desire for potted palms or shrubs to carry out the formal floral effect desired. The only relief to the greens and grays was one great cluster near the piano, where the orchestra would focus attention, and here a mass of golden rod with a few brilliant sprays of red penstemon gave just the needful bizarre suggestion. I must not omit the mention of a long festoon of oak leaves which gave just a dainty finish to the whole. Oh, it was a great affair, and when the weary decorators looked at their handiwork, there was a bit of satisfaction derived from the thought that it had cost only a little weariness of the flesh instead of the

"dollars, and dollars, and dollar-ees," which one enthusiastic girl said it would have cost in Los Angeles.

VILLAGE OPPORTUNITIES.

So often in visiting small towns, attending village churches or places of entertainment my artistic feeling is outraged by the presence of paper palms, or wax flowers or festoons of faded and outlandishly conceived crepe paper or bunting; and after my first burst of indignation is smothered, I look about to see if there is not some way of escape for the village decorator from all this crude, unsatisfying effort at expression of the artistic sense which seems to be in every soul though of such low grade. There is hardly a settlement of men in California where there are not beautiful natural shrubs to be had for the cutting by a little effort.—Belle Sumner Angier, in the *Los Angeles Times Magazine*, Oct. 16, 1904.

George Gore, whose name is seldom seen, was an English electro-metalurgist, and was almost entirely self-educated. He made discoveries in physics and chemistry, and many original electrical researches. He is distinguished by his discoveries in, and writings upon, electro-chemistry, electro-metallurgy, and chemistry. He made experiments in the highly dangerous substance, anhydrous hydrofluoric acid and the fluorides, and discovered explosive antimony. His original observation of the discolorizing effect of chlorine water on crude phosphorus gave rise to the present mode of bleaching that substance, and his solution for electro-depositing nickle (1856) was the first commercially employed in electro-plating articles with nickel. He is the author of "The Art of Electro-Metallurgy" (1877); "The Art of Scientific Discovery" (1878); "Electro-Chemistry" (1885); and "The Art of Electrolytic Separation and Refining Metals" (1890).

BOUGAINVILLIA.—We have seen two varieties of this striking vine in Southern California. Both are thrifty growers in Los Angeles. This vine comes from Australasia. It is named for the distinguished French discoverer, Bougainville.

The commonly planted variety of the Bougainvillia has a peculiar purple flower that plainly shows the modification of the leaf into the flower. It is a brilliant flower almost perennial or constant in its bloom. The weak point in this variety is the peculiarly assertive purple color of the flower which is seldom in harmony with its environment. Frequently this flower is so out of harmony that it swears at its supports and fellows.

The other variety has a handsome brick-red flower that is not affected by any such drawback. It also, however, has a weak point. This is the comparatively short blooming period of the vine.

If we had a Luther Burbank here we might have this weakness worked out and a more constant bloomer developed. The red-flowered Bougainvillia is the more artistic and attractive of the two varieties.

Where the colors of a building harmonize with the purple flowered variety this vine is very effective.—*Saturday Post*.

THE OLD-FASHIONED ORIENTAL WAY.

They send no gathering statements out

When a bank goes to smash in China,
To show 'tis solvent beyond a doubt,

When a bank goes to smash in China.
No pitying tears you see them shed,
But they take a big cheese knife instead,
And amputate the president's head,
And banks never break in China.

Sir Isaac Newton discovered the Differential Calculus, or method of fluxions in 1664. Leibnitz discovered it about the same time.

A DANGEROUS PLAYTHING.

Beware that "harmless" pistol that the dealers call a "toy;"

It has often changed an earthly kid into an angel boy. —*George R. Fox*.

Sir Henry Morton Stanley, the English explorer, recently buried with much pomp from Westminster Abbey, was reared in a poorhouse. (Hundreds of Americans are having a similar experience!) When he was fifteen he had the pluck to break from his unfortunate environment and went to sea. From this he forged ahead and in 1867, at the age of 27, he accompanied the British Army to Abyssinia as correspondent of the New York Herald. In 1871-2 he conducted an expedition into Africa in search of Livingstone, whom he found at Ujiji, March 14, 1872.

Not satisfied with being once lost and miraculously rescued, Livingstone lost himself again in 1874. Stanley again undertook to rescue the intrepid explorer, but learned of his death, after which he crossed the continent, descended the Congo, and returned to England in 1878. He went to Africa in 1879-1882 to open the country to commerce and civilization. Among the important geographical discoveries were the Semliki River, Mt. Ruwenzori, Lake Albert Edward, and the southwestern extension of Lake Victoria.

Be brave, O heart, and fear not earthly shame,

Cringe not to men, but make thyself a name.

Take up thy cross, and walk erect through life,

Fight for the truth, however fierce the strife.

Yield to no folly, crush thy tempting sin,

And heed no murmur of complaint within. —*Take Courage*.

Charles Page invented the induction coil in 1828.

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RUPTURE OF THE URETHRA.*

BY GRANVILLE MACGOWEN, M.D., LOS ANGELES, PROFESSOR OF SURGERY OF THE GENITO-
URINARY ORGANS IN THE MEDICAL COLLEGE OF THE UNIVERSITY OF
SOUTHERN CALIFORNIA.

By rupture of the urethra it is meant that by direct or indirect mechanical violence, or by indirect muscular effort, as in great strain to pass urine in the presence of an old and tight stricture, the tissues of the urethra are crushed, torn or severed to the extent that more or less severe hemorrhage takes place and urine escapes into the surrounding tissues. Such wounds may occur in any part of the urethra, but they are most common posterior to the ligamentum triangulare, for the tissues are here less dilatable and, being fixed, are less able to withstand violence. It is in this region that rupture from the unskillful use of metallic instruments in efforts to pass a stricture or an enlarged prostate commonly takes place. It is here that compression or fracture of the pelvic bones causes urethral rupture. Rupture of the phallic urethra is almost always due to blows on the erect penis or cohabitation with the woman riding. Breaking of the urethra from direct

external violence usually occurs by the person falling astride of some hard object, thus forcing the perineum and the urethra against the tense triangular ligament, the pubic arch, or a descending ramus of the pubic bones.

Such ruptures may be either partial or complete. The clinical symptoms common to all are: pain at the seat of injury, the escape of blood from the meatus and perhaps haematuria, and sooner or later, according to the grade of violence and whether its seat be internal or external, discoloration and swelling of the perineum. When the injury to the urethra is great, either retention, or the escape of urine into the tissues of the deep perineum, if an effort is made to urinate, occurs. The condition is a grave one always. For rupture of the urethra, even of minor grades, in any of its parts, if urine is allowed to be caught in the wound and stagnate there, is followed in from six months to two years by the most distressing stricture.

*Read before the thirty-fourth semi-annual session of the Southern California Medical Association at Pomona, California, December 8, 1904.

If the rupture be complete or severe the hemorrhage is sometimes so great that if let alone it will of itself cause death. Further, these injuries, when unaided for twenty-four hours or more, and urine allowed to escape through them into the surrounding tissues, may be, and often are, followed by widespread infiltration and subsequent destruction of tissue in the perineum, about the bladder base, scrotum, thighs and even the abdominal walls. From this there have been many deaths or prolonged and debilitating sickness. And yet, aside from those cases which are complicated and caused by pelvic fractures, rupture of the urethra, if seen early and recognized, is usually easily remedied.

TREATMENT.

In rupture of the phallic urethra, if severe, external urethrotomy at the seat of injury, suture of the lacerated tissues, packing of the wound, and a perineal boutonniere for drainage is best. For injuries of a minor grade the introduction of a retention catheter for a few days is all that is necessary.

In rupture of the bulbous, membranous or prostatic urethra, there is but one treatment that is safe, and the sooner it is applied the better the result will be. A perineal section should be done at the earliest possible moment. Bleeding points should be secured, if possible, by suture or ligature, and if not, by firm packing of the wound by sterile gauze soaked in solution of adrenalin chloride. For the past year I have been using in all my operations requiring packing, a gauze containing castor oil, balsam of peru and iodoform, made in San Francisco and sold under the name of peruform gauze. This absorbs the adrenalin freely and adheres less to the wound upon its removal than any other gauze I know of.

It is always easy to find the distal end of the urethra where the rupture is complete, but good luck is a great factor often in finding the proximal

end. In addition to the crushing and mangling of the tissues, destroying their relations for the eye, the wounded surface usually bleeds profusely as soon as its space is opened, and the clots disturbed. If after a reasonable search I cannot pick this end up, or discover it by pressing a little urine out through it from the bladder, I pass the index finger of my right hand into the rectum to the bladder neck, and making lateral pressure endeavor to roll the posterior portion of the urethra against the pubic arch while the index finger of the left hand seeks to catch the motion of the tissues in the wound. It may be sometimes found in this way, picked up with a pair of forceps and its entrance discovered with a probe. If none of these manœuvres succeed one has either to do a retrograde catheterization through a suprapubic wound, which is always justifiable in the presence of retention, if the exigencies of the case seem to warrant it, or the suggestion of Senn to insert a tubular drain in the perineal wound, pack gauze about it and aspirate the distended bladder at regular intervals until the swelling subsides and urine passes through the perineal wound may be followed.

The essentials are that the pressure caused by the escape of blood and urine into the tissues shall be relieved, and that the hemorrhage be stilled. It is not wise in case of total severance of the urethra to attempt to repair at this time. If the proximal end is found, the most that should be done is to stitch it into the perineal wound temporarily somewhere in plain sight, so that it may be handy for future reference. If the floor of the urethra in the bulbous part is crushed, frayed or torn into lacerated fragments, which no longer can be approximated, one should not hesitate to remove it with scissors so as to leave a clean wound for granulation, but always try to save tissue on the roof and only sacrifice it after it has proved impossible to nourish it. A good roof

to a house keeps it fairly comfortable even if the cellar is bad, and a good roof is just as essential to a urethra which has to be formed by granulation.

I herewith report four cases taken from my notebook of this year, which illustrate very well the graver forms of rupture of the urethra and their treatment. In cases I and II you will notice that there was complete rupture, and yet it had been possible to introduce a catheter in each case soon after the accident. This may be explained in case I by the assumption that the rupture was primarily not complete; that a few fibers of the roof though nearly severed, still held, and along these a catheter found its way to the bladder. Subsequently with the active inflammation came muscular irritability causing rupture of the remaining fibers, and retraction and swelling caused occlusion of the proximal end of the urethra. In case II movements of the pelvis pressed the fragment of loose bone into the urethra and inflammatory swelling complicated the obstruction.

CASE I.

December 9, 1903. S. S. W., janitor, aged 72, Redlands. Patient of Dr. Blythe.

On the 5th of December the patient, who was a strong and active man, while attempting to transfer from one moving buggy to another, slipped and fell astride of a wheel. This was immediately followed by considerable pain in the perineum, and very free hemorrhage from the urethra. When the time came for urination he found it impossible to do so. Medical aid was sought and a soft rubber catheter was passed with some difficulty and tied in. Not realizing the extent of the injury the catheter was removed on the third day to cleanse it. It could not be replaced. After it was found he could not urinate further efforts were made to pass a catheter, but were unsuccessful. Hemorrhages were very free after these attempts. He was aspirated suprapubi-

cally and sent to me the following day for operation. On his arrival at the hospital he was exhausted from travel and loss of blood, but the hemorrhage had ceased. His bladder was greatly dilated as it had been twenty-four hours since the aspiration. This I relieved again by the aspirator. The skin of the perineum was moderately swollen and greatly discolored though unbroken. The following morning, December 10, under spinal anesthesia, I opened the perineum. The distal end of the urethra was readily located by the Wheel-house staff. It had been severed nearly transversely, and was retracted forward. In seeking for the proximal extremity it became necessary to displace a large semi-solid clot. Profuse and alarming arterial hemorrhage from both sides ensued. The bulb had been crushed and lacerated so that its structure was difficult to recognize, and both bulbar arteries were open and actively spurting. They were ligated outside of the bulb and all of the crushed tissue removed with scissors. The proximal end of the urethra could not be found after diligent search with finger and probes. The bladder was then opened suprapubically and a staff passed from within outward. The posterior torn end was found bent in V-shape about six cm. from the open end of the anterior fragment. About two cm. of the floor of this portion of the urethra was missing. Venous hemorrhage was still quite considerable, and as I could form no definite idea of the amount of tissue destruction, for it was five days since the injury, the mending of the severed urethra was postponed, the wound packed and suprapubic and perineal drainage tubes introduced. On December 15th, the wound being in good condition, the severed ends of the urethra were taken up, their edges vivified and dissected free from their beds until the roof of both could be united by gentle traction, then held in place by fine catgut stitches. A No. 16 F soft rubber catheter was passed into the

bladder from the meatus and secured. The perineal wound was packed and the packing kept in for three days. Nearly all of the urine drained by a De Pezzer suprapubic tube, which was removed in ten days, and this wound allowed to heal by granulation. After the second week the patient was up and about in a wheel chair. The catheter was kept in the urethra for six weeks, being removed daily for cleansing. When he left the hospital there was still a minute fistula in the perineum, but he could urinate a good, full stream. A No. 20 F sound could be nicely passed. Sounds have been used at regular intervals ever since.

CASE II.

I. A. L., engineer Santa Fe Railroad.

On March 20, 1904, fell from his engine on to a rail, striking on his perineum. Profuse bright red hemorrhage took place immediately from the urethra. He had retention for a day, then was catheterized for two days by one of the company's out-of-town surgeons without great difficulty, but always with great loss of blood. He then regained the power to urinate, but passed each time, he said, nearly as much blood as urine. He was sent to the company's hospital in Los Angeles, and came under my care on March 26. At that time he was bleeding freely and continuously, and was very anemic. Temperature 102 degrees, pulse rapid and irregular. The perineum and scrotum were greatly discolored and swollen. We did a free perineal urethrotomy upon him. The injuries consisted of a deep lateral, irregular tear in the roof of the urethra anterior to the scroto-perineal junction, and a crushed and lacerated bulb upon the left side. The former was repaired, the bleeding points of the bulb ligatured, a perineal drainage tube introduced into the bladder, a full-sized catheter placed in the urethra from the meatus to the perineal wound; this wound packed with gauze saturated with a solution of adrenalin chlorid, and twenty drops of sol. adrenalin given internally

every two hours. This man was a bleeder, and every time the packing was disturbed the hemorrhage was alarming. But by persistent gentle traction and the free use of 25 per cent. solution of peroxide of hydrogen in normal salt solution, the last of the packing and the tubes were removed on April 3d. The wound closed in sixteen days. The subsequent treatment has been prophylactic of mechanical structure, two grains of thiosinamin three times daily for six months, and the passage of steel sounds Nos. 26 and 28 F every second week. There is no sign of contraction up to date.

CASE III.

C. A. J., 25 years old, ranchman, Highlands. Patient of Dr. Wilmot.

May 26th, 1904, he fell beneath the trunk of a large palm tree which was rolling down hill and fractured his pelvis. This was followed by retention which was relieved by catheterization until October 12th. It was then found to be impossible to pass a catheter, but he suffered no distress, the urine passing into the loose tissues of the perineum and thigh. On May 30 I was asked to operate on him by one of my surgical friends (Dr. N. H. Morrison) in whose care he had been placed. The perineum, scrotum, and the left thigh were bruised, discolored and very greatly swollen and boggy. The patient looked anemic, had a dry tongue, frequent chills, temperature to 103 deg., and an irregular pulse. Following a free perineal incision there was very little hemorrhage but a gush of blood clots, pus, and stale urine. The descending ramus of the left pubic bone was found to be fractured and had severed all of the urethra, but a small strip in the roof at the apex of the prostate. There was infiltration of urine and pus into the periprostatic and perirectal cellular tissues, and back of the bladder and to its sides pushing up the pelvic fascia. The tissues of the left thigh were edematous. Having removed a part of the pubic ramus which was sep-

arated and projected into the urethra, I could pass my finger out into the tissues surrounding the hip joint, which had been dissected up and disintegrated by the urinary infiltration. There was a free and abundant suppuration and much sloughing, high fever, rapid pulse and general major sepsis in the case for several weeks, but he slowly and gradually recovered strength. The bladder, which for a time was incontinent, recovered its tone and the wound healed. He was removed to his home at the end of six weeks, and I understand eventually recovered, though a small perineal fistula, I am told, persists, due, I think, to a piece of dead bone.

CASE IV.

Isaac R., 35 years, March 1, 1904, Santa Fe Railroad.

Three years ago was caught between the buffers of two cars and injured in the posterior urethra. He passed blood for several days, but recovered without treatment. Within a few weeks he noticed the formation of a hard lump in the perineum and increased difficulty in urinating. He is a man careless and dissipated in his habits, and beyond a few sporadic attempts to have sounds passed neglected himself and went from bad to worse until finally late in February this year after straining severely, while drunk, to pass urine he felt something give way and his desire to urinate was relieved. The next day he presented himself to me with a note from the chief surgeon and a request to treat him. He had a large infiltrated swelling in the perineum, and could only pass a few drops of urine under great straining.

TREATMENT: Perineal section. Urethra ruptured just at the apex of the prostate posterior to a very extensive indurated stricture, which involved the urethra forward to the peno-scrotal junction. There was some urinary infiltration and destruction of tissue. Total excision of the stricture and the infiltrated tissues. A narrow strip of mucous membrane of the roof of the urethra was

left which did not look good, but was deemed better than none, to form a new urethra from. It was found in the quite extensive dissection required for removing this inodular mass that a fistula external to the urethra, and from which pus came, also communicated with the wound. This was traced to the left side of the prostate, was slit up, joining it with the urethra, and the abscess cavity in the prostate thoroughly curetted and packed with pernaform gauze. The bladder was drained through a perineal drainage tube for ten days. The packing was removed from the prostate on the third and fourth days. The wound was irrigated daily with 1-100,000 solution of sublimate. After the perineal tube was removed a No. 16 F catheter was introduced from the meatus to the bladder, secured, and the wound allowed to granulate around this. In two weeks the perineal wound had closed, but upon the removal of the catheter the urethra was very soon completely occluded again, necessitating the reopening of the perineal wound. The mucous membrane left on the top of the urethra had undergone fungoid degeneration, and the tissues of the perineum surrounding the urethra were filled with similar fungations.

Assisted by Dr. Morton, I resected all of this portion of the urethra, completely removing every part of the inodular tissue, practically almost all of the bulbous urethra, and much of the surrounding structures, leaving the wound to close by granulation. I depended upon the frequent use of steel sounds to form another urethra. He made a good recovery, and when he left the hospital (three weeks later) was urinating comfortably by the penis, though there was a minute opening in the perineum. I have recently sent for him to come and see me, but he sent word he was well and would hunt me up quick when otherwise.

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PLEURISY WITH EFFUSION AND EMPYEMA.*

BY JOSEPH K. SWINDT, M.D., POMONA, CAL.

The pleurae are among the most vulnerable portions of the human anatomy. They consist of delicate serous membranes which are not only extremely sensitive to all manner of irritation, but their natural secretion is a most perfect culture medium for the propagation of bacteria. They invest the lungs, which are always in direct communication with the atmosphere and its millions of germs. The pleurae are furthermore richly supplied with lymphatics and blood vessels, so that any infection or intoxicant in the general circulation is found within them in considerable quantities at any given time. For the same reasons these membranes are well adapted to free themselves of these noxious materials under ordinary circumstances, but let the depression of a systemic disorder, or the shock of some sudden upset, demoralize this protective equilibrium, and an inflammation of the pleura is at once precipitated.

The

ETIOLOGY OF PLEURITIS

has been cleared up to a large extent by modern methods of bacteriological investigation. Exposure to cold, so long considered the cardinal cause of this condition, is now known to be simply the opening wedge which provides a portal for the inroads of lurking microbes. Nephritis, hepatic cirrhosis, cancer, syphilis and rheumatism are often accompanied by pleural manifestations, but these are either a part of the general involvement incident to the fundamental disorder, or they are independent pleurises springing up in the wake of a predisposing factor.

Among the bacteria most frequently present in pleural inflammations are the tubercle bacilli, pneumococci, streptococci, staphylococci, typhoid and diphtheria bacilli, ranking in the order men-

tioned. The so-called sterile effusions are now generally conceded to be tubercular, since this germ is usually demonstrated when large quantities of fluid, otherwise free from bacteria, are inoculated into a guinea pig. The frequency with which the streptococcus is found in effusions following influenza deserves prominent mention.

Purulent pleuritis is so seldom primary that it may be said to be essentially secondary. The great majority of empyemata are secondary to pulmonary tuberculosis, and most of the remainder are metapneumonic. Those concomitant with scarlet fever, typhoid fever, whooping cough and measles may occur without actual involvement of the lung tissue. Serofibrinous exudates may become purulent from septic aspiration and traumatism of the chest may induce a pyothorax.

The pathological condition is that of local tissue degeneration, with a morbid exudate from the blood vessels, followed by proliferative changes in both the pleura and adherent exudate. Synechia of the visceral and parietal layers may divide the cavity into several lesser loculi, or upon removal of the fluid the cavity may be entirely obliterated by a general coalition of the membranes. Calcareous degeneration of adherent pleurae is occasionally met with at the necropsy. Encapsulated empyemata may occur between two lobes, or between the lung and diaphragm.

The fluid in non-purulent cases consists of serum in which fibrin floats in flocculent masses. Often the latter gravitates to the dependent portion of the cavity, leaving a clear supernatant layer. Deciduous epithelium, leucocytes and erythrocytes, together with bacteria are also present. A blood-tinged fluid is indicative of tubercular or malignant

*Read before the Pomona Valley Medical Society, at Claremont, Thursday, November 10, 1904.

pleuritis, or may be the herald of hemorrhage due to the sudden relaxation in hasty withdrawal of the effusion. In empyema the fluid is pus, in which are found great masses of coagula and exfoliated membrane.

ULCERATION OF THE PLEURA is common, and often this immense abscess, for such it is, burrows its way to freedom through the chest wall, or into the lung, or through the diaphragm, or into the mediastinal structures and vents itself accordingly. When the abscess presents on the surface of the chest it is termed empyema necessitatus.

The fluid naturally accumulates first in the sulcus between the diaphragm and ribs close to the spine. In small effusions the superior line of the fluid is convex, being highest next to the spine. Moderate effusions present a concave surface above. In still larger effusions the upper margin diverges from the spine at an acute angle, rises with a gentle curve towards the anterior axillary line, proceeds a short distance horizontally and then curves downward towards the sternum. This parabolic line is known as the Ellis, or letter "S" curve, and it is brought about by the retreat of the lung along its several axes of retraction. There is usually some change of position of the fluid on altering the attitude of the patient, but it is claimed that this does not occur unless there is a certain amount of coexistent pneumothorax.

The lung retracts as the rising fluid overcomes the negative intrathoracic pressure, and contracts under the shrinking pleura and organized exudate until it is often found as an atelectic and bloodless mass close to the spine, a condition known as carnification.

Moderate and large effusions produce marked displacement of all the neighboring viscera, especially of the heart. Osler has shown that the heart is not twisted on its axis, but rather pushed laterally or vertically or both. The dynamics of these luxations of the vis-

cera involves both the push of the invading fluid and the pull of the opposite lung as it retracts upon the release of the negative pressure of its fellow.

Accompanying changes in other organs may attend empyema, such as fatty degeneration of the heart, and thrombosis or embolism of the cardiac veins or pulmonary artery. Edema in the skin over the affected side is common and not infrequent in the opposite lung. Lateral spinal curvature follows the contraction of healed cavities.

Small serous effusions are usually absorbed and leave no sequellae. Large ones and small purulent exudates may be taken care of naturally. Large purulent effusions are never absorbed. They may evacuate themselves spontaneously, but indolent fistulae usually persist for long periods. Neglected empyemata soon produce profound sepsis or pyemia terminating in death. Death may also occur from cardiac or pulmonary thrombosis.

There are no subjective symptoms of the

ONSET OF A PLEURAL EFFUSION. There is the history of the initial chill, temperature of perhaps 102 or 103, cough with scant mucoid expectoration, and the agonizing, lancinating pain usually localized about the nipple or axilla which comprise the characteristic syndrome of dry pleurisy, but physical signs alone announce advent of fluid. As it advances, dyspnea ensues in moderate or marked degree according as the increase is slow or rapid. Large effusions may cause no apparent interference with respiration if they come about gradually. The patient usually chooses to lie upon the affected side. Cyanosis occurs in grave cases of large effusions.

The

ONSET OF EMPYEMA

is usually insidious. It should always be suspected when the pneumonic crisis is delayed, or in the tardy defervescence of any of the infectious fevers. Especially is this true when the temperature curve

assumes the oscillating character of sepsis, or when the fever gradually rises after a period of apyrexia. With the accession of fever, there come pallor, weakness, diurnal chills and sweats, rapid low tension pulse, often dicrotic, mild delirium, diarrhea, dyspnea and perhaps cyanosis.

Physical findings are far more important than subjective symptoms. The affected side does not rise and fall with the respiratory rhythm. Bulging of the intercostal spaces, and edema of the skin are perceptible. The apex beat may be elevated to the third or fourth interspace and displaced laterally anywhere from the left axilla in right-sided effusions to beyond the right sternal border in left-sided ones. Occasionally pulsation synchronous with the heart beat is seen in empyema.

Tactile fremitus is lost over the fluid, unless bands of adherent pleura may serve to conduct it through isolated areas. It is increased over the compressed lung, above the level of the fluid. Rarely indeed is the vibration of the voice in the well side transmitted through the wall of the afflicted side.

There is an actual increase of the circumference of the affected half of the chest to the extent of from one-half to one and one-half inches, and this is greater in purulent than in serous effusions.

Percussion affords a most reliable means of diagnosis of fluid. There is an absolute flatness or wooden dullness which is often more appreciable to the pleximeter finger than to the ear. The note is high pitched and the sensation is that of percussing an unyielding board. The chest should be percussed out carefully from above downward, and the line of flatness accurately drawn upon the skin in ink. If fluid is present, and there are no adhesions to confuse matters, the Ellis line of dullness is readily demonstrated by painstaking percussion. Frequently a change of the upper border of the fluid will attend a change in the

posture of the patient. Sufficient time should intervene before the second marking in order to allow the fluid to find its new level. If air is contained in the cavity, the change is immediate.

Above the line of dullness, especially in the subclavicular region, there may be elicited a peculiar semi-tympanitic note known as Skoda's resonance. When present this is a very valuable indication of fluid, since it is due to the compression of the lung tissue. The cardiac, hepatic and splenic areas should be scrupulously delineated by percussion, because displacement of these viscera is highly suggestive of pleural effusion.

Auscultatory phenomena in pleurisy with effusion are rather capricious in nature. The respiratory murmur should not be heard through a fluid medium, but it often is. Sometimes it is absent, sometimes it is diminished and again distinct tubular breathing is audible. The latter is the rule in children. Rales are seldom perceptible. Vocal resonance is absent or diminished. The most characteristic feature of the respiratory sounds transmitted through fluid is that they seem to be heard in the distance, and not directly in the bell of the stethoscope, as in consolidation. Amphoric breathing and the peculiar bleating character of the transmitted voice, sounds known as egophony, may occasionally raise a confusing question as to the existence of cavity.

However interesting may be the diagnostic value of the physical manifestations of pleural effusion, it remains that the only infallible test is the aspiring needle. Whenever a careful examination of the chest raises a reasonable suspicion that fluid is there, exploratory puncture should be made without delay. After rendering the skin surgically clean by soap and water followed by alcohol and a 2 per cent. carbolic solution, a sterile needle is inserted a little below the center of the area of flatness and suction made by a glass barreled syringe. The needle should be at least three inches

long and of fair caliber. If a large needle, or a trocar and canula is used, complete aspiration can be done at once without subjecting the patient to a second operation. The needle should penetrate the intercostal muscles near the upper margin of the lower rib, to avoid the vessels. It should be directed slightly upward and pushed slowly but boldly through the tissues until the point may be freely moved from side to side within the cavity. The pain attending this procedure is trivial, but in nervous patients it is advisable to allay sensibility by a local anesthetic. Nicking the skin with the point of a sharp scalpel lessens the pain and facilitates the insertion of the needle. If the first puncture is negative, several others should be made in different places before deciding that fluid is not present. No danger attends this operation if surgical cleanliness is observed.

Thus it is seen that there are but three trustworthy signs of effusion in the pleural cavity, namely, unyielding flatness, displacement of viscera and withdrawal of fluid.

The differential diagnosis involves the double question of the presence of fluid and its nature.

The consolidation of lobar pneumonia or tuberculosis gives dulness instead of flatness; the bronchial respiration is sharp and near; tactile fremitus and vocal resonance are exaggerated; there is no displacement of viscera and no signs of compression in the surrounding lung tissue. Moreover consolidation is usually restricted to the anatomical divisions of the lobes.

Thickened pleura is differentiated with difficulty in many cases. It is especially apt to accompany pulmonary tuberculosis. Instead of enlargement of the chest there is contraction, and displacements occur towards the affected side. The dulness is not wooden and the resistance is not so distinct as that of fluid. Tactile fremitus is absent over a thickened pleura as well as over an effusion.

PERICARDIAL EFFUSION

does not displace the apex to the right nor abolish the resonance posteriorly. Left-sided effusion does not produce dulness in the right fifth intercostal space. The acceleration of the pulse and dyspnea are more pronounced in pericardial effusion and the area of dulness assumes a pyramidal shape with the apex at the base of the heart.

Hydrothorax is usually bilateral and associated with cardiac, renal or other disease capable of producing anasarca.

Enlargement of the liver may simulate right-sided effusions, but here the area of dulness rises and falls with respiration, and is always highest in front. The cardiac displacement is vertical and not lateral.

Enlargement of the spleen does not obliterate the resonance in the back, nor of Traube's semilunar space as does left-sided effusion. The expanding organ tends to invade the abdominal cavity rather than the thorax.

Neoplasms of the lungs are rare, but should be thought of in relation to effusion. Bloody expectoration, glandular enlargement, and emaciation are indicative of tumors. The dulness is irregular in outline, fremitus is increased, and auscultation gives the signs of consolidation. Cancer, sarcoma, and syphilis of the lung are often complicated by a serous effusion which is apt to become septic.

PULMONARY ANEURYSM

is distinguished by the double bruit, diastolic shock, the peculiar oval shape of the dulness and resonance at the base of the lung. An aneurysm rupturing into the pleural cavity would give the signs of simple effusion together with the symptoms of hemorrhage.

In considering the nature of the fluid it would seem that the more severe systemic involvement of a suppurating pleurisy would easily portray a purulent effusion, yet many cases of empyema do not exhibit these profound manifesta-

tions. They are often of the most subtle nature. The heavier purulent fluid causes a greater displacement of heart and liver. An important but not invariable aid in differentiation is known as Bacelli's sign, namely, that whispered pectoriloquy is transmitted through a serous, and not through a purulent effusion. Edema of the skin is more common in empyema than in simple effusion.

A leucocytosis is always present in empyema, and often so in serous effusion. Furthermore the primary disease may be accompanied by an increase in the white blood cells, so that the blood count cannot be relied upon as pathognomonic of empyema unless repeated estimations record a decided rise in the number of the polymorphonuclear elements.

Peptones and indican in the urine speak for a suppurating focus somewhere, hence if its existence elsewhere can be eliminated, positive tests for these substances argue in favor of an empyema as against serous effusion.

In all cases of doubt the question is easily and positively answered by the exploratory needle. In children under five years of age there is no other adequate means of discrimination.

A serous fluid which is on the verge of becoming purulent presents certain characteristics whereby the impending change may be anticipated. The specific gravity is high, it is dense in appearance, thick with fibrin, and a microscopical examination reveals enormous numbers of leucocytes in the sediment.

The

TREATMENT OF PLEURISY

with effusion consists of the removal of the fluid. The nature of the fluid determines the method by which this is to be accomplished.

Fair-sized serous effusions may respond kindly to such depletive measures as counter-irritation of the chest by tincture of iodine or the cautery, or by the Hay method of administering magnesium sulphate in small concentrated

doses repeated at short intervals and a dry diet. Such palliative treatment cannot be depended upon with any degree of certainty; it necessarily requires several days or even weeks of precious time, and the delay invites the invasion of septic organisms. The rational treatment for serous effusion is prompt aspiration. It should be practiced in all effusions which persist for ten days or more, and is positively indicated when dyspnea occurs, when the fluid rises to the third rib with or without dyspnea, and when there is marked displacement of the heart.

PARACENTESIS OF THE THORAX

can be performed with a trocar and canula only, but this method substitutes a pneumothorax which must be absorbed before the lung can expand. It is best to remove the fluid by suction, and for this the Potain aspirator is commonly used. A simple substitute for Potain's apparatus can be constructed easily out of a common five-pint water bottle. The cork is perforated with a short glass tube. A long piece of rubber tubing is attached to the glass tube and clamped with an artery forceps. A little alcohol is ignited in the bottle, the cork pushed in firmly, and a fair vacuum is produced. The free end of the rubber tubing is attached to the canula as soon as the trocar is taken out. The hemostat is then released and the fluid is drawn into the bottle. The vacuum is renewed by clamping the rubber tube and burning more alcohol in the emptied bottle.

A canula with a diameter of at least three millimeters should be used, and in dense effusions a larger one is preferable. The seventh interspace in the axillary line or the eighth in the subscapular line are the points of election for the insertion of the canula. It is best to cocaineize the skin at the point of insertion. The patient should lie in bed, or sit astride of a straight backed chair with arms and breast folded over the top of it. A half ounce of whiskey or a dram of aromatic spirits of ammo-

nia is a wise precaution against the sudden fainting which so often intervenes. It is not necessary to withdraw all of the fluid, but a generous amount should be taken. Indications for cessation of the operation are severe pain which is usually due to dragging adhesions, dyspnea, coughing, marked faintness and the appearance of blood in the fluid, which latter indicates hemorrhage incident to the lessened intra-pleural pressure. Often a short rest upon the appearance of any of these untoward symptoms will permit of a continuation of the aspiration. Sudden syncope and death have occurred occasionally during aspiration of the chest. The cause of this unfortunate disaster remains as yet unexplained except upon the theory of reflex action in relation to the pneumogastric nerves. Pneumothorax, cutaneous emphysema and convulsions are mentioned as accidents of no very serious import. The instillation of a dram of a 1-1000 solution of adrenalin chloride into the cavity before the needle is withdrawn is especially helpful in cases where hemorrhage from the pleurae takes place.

A small tampon of sterile cotton held in place by adhesive plaster is sufficient dressing for the puncture wound.

The

TREATMENT OF EMPYEMA

is the treatment of abscess—it must be opened and drained. Recoveries following simple aspiration of purulent effusions are recorded, but may be considered as exceptions which prove the rule. Occasionally in children, or in adult tubercular cases, withdrawal of the fluid through the needle effects at least a temporary stay of the process. Continuous drainage is successful in the hands of some men, but it is denounced by many more. The Buleau method consists of inserting a horse trocar and canula through an interspace, allowing the pus to escape, and then withdrawing the canula over a large catheter so as to leave the latter to supply the continuous drainage. The

intercostal muscles close upon the catheter, holding it in place and preventing the escape of pus except into the bottle attached to the catheter. This is a very pretty scheme when it works.

RESECTION OF THE RIB

is now generally accepted as the correct treatment for empyema. It is an historic operation. Hippocrates writes about it, and it is said to have been first employed in the Garden of Eden.

Local anesthesia or spinal cocainization may be employed if a general anesthetic is feared. Almost perfect local anesthesia may be secured by taking care to get the fluid into the sheaths of the intercostal nerves to the spinal side of the incision. Ether is preferred by eastern operators, but chloroform has met with favor among western men. The operation should not require more than twenty minutes, and only a small quantity of the anesthetic is necessary. The patient may sit up if local anesthesia is used. When the dorsal position is used, the afflicted side should be raised by means of sand bags, or a tilting table. Lying completely upon the well side should always be avoided if possible. The greatest care and rapidity must be exercised to prevent sudden death.

The seventh or eighth rib in the posterior axillary line is chosen, unless the pus is known to be localized elsewhere. The diaphragm in its upward excursion interferes with drainage through the area of the ninth rib. The posterior axillary region is preferred because the pleural cavity naturally drains in that direction, and there is less movement of the ribs than anteriorly. The aspirating needle should be used before the incision is made in order to prove the presence of pus beneath the intended opening.

A straight incision three or four inches over the center of the rib may be used, but Senn's method of beginning at the upper border of the rib, passing down to the lower border, thence along this border as far as the rib is to be

sectioned, and thence up to the upper border, permits of raising a flap from over the rib and greatly expedites the elevation of the periosteum. The periosteum is incised along the center of the rib, from which it is separated all the way around, with special care not to injure the vessels which nestle under the lower border. A pair of Gluck rib shears is then applied to the exposed rib, and from two to four inches are resected. Through the center of the periosteum thus brought to view, a small opening is made with a blunt instrument and the pus allowed to flow out very slowly. The anesthetic may be stopped at this point. When the pus ceases to flow, the opening is enlarged by stretching with the fingers, until there is ample room to remove all fibrin clots and detritus from the cavity either by the hand or by sponges. Considerable difference of opinion exists as to the use of the curette in removing the visceral layer of exudate. When the exudate is well organized and the lung badly contracted in consequence, such a free removal of this pathological covering will encourage the expansion of the lung very much. It must be done fearlessly and thoroughly, and the brisk hemorrhage which follows must be promptly arrested by firm packing with gauze. The cavity should not be irrigated unless its contents are putrid, when normal saline solution should be freely used. A second or third rib may be resected if desired, either for the purpose of a thorough toilet of the cavity or to secure adequate drainage.

Two rubber tubes at least one-half inch in diameter and long enough to project slightly beyond both the inner and outer surfaces of the chest wall are placed side by side in the opening, and the skin closed snugly about them by silk worm gut sutures; the tubes may be anchored in position by silk worm gut through the skin; but whether this is done or not large safety pins must be thrust through each tube

to make sure that they will not be lost inside the cavity. Ochsner makes a counter opening anterior to the primary incision by cutting down upon the points of a pair of dressing forceps introduced through the latter, and carries two long fenestrated tubes through both in order to make drainage doubly sure.

When gauze drainage is used instead of tubing the incision is left open for a considerable distance and the cavity well filled with gauze, which is rapidly lessened in amount at subsequent dressings as the cavity closes behind it. This method is probably best adapted to small effusions.

The dressing should be copious in amount, and the gauze nicely fluffed so as to readily absorb the pus. Sterilized oakum is admirably suited to cases with excessive discharge.

The patient remains in bed for at least two days, after which he may be allowed to sit up and later be on his feet. The dressing is changed as frequently as it becomes saturated. If the tubes become clogged with fibrin they must be removed, cleansed and reinserted, otherwise they are left in position for five days, after which they may be taken out daily. While the tubes are out the patient should be turned from side to side and instructed to take several short forcible inspirations to expel the pus from the recesses of the cavity. After ten days or two weeks, with the subsidence of the discharge, the tubes are abandoned and the gauze drain introduced. The good judgment of the surgeon must determine the time for permanent removal of the drainage in each case. Done too soon, the abscess re-forms; remaining too long, the healing process is impeded. No subsequent irrigation is used. In desultory cases a half dram or dram of tincture of iodine injected into the cavity may stimulate a healthy growth of granulations. In children it is seldom necessary to remove a part of the rib. Large tubes

will remain patulous when placed in an incision through an interspace. In neglected cases in adults, when the patient is in desperate condition, it is advisable to empty the abscess through an intercostal incision under local anesthesia and delay resection until partial recovery has been made. Aspiration of the pus prior to any operation will lessen the surgical shock and enhance the patient's chances with the anesthetic.

The cure of an empyema is effected by the expansion of the lung and the granulating together of the two layers of pleura. When the lung shows an indisposition to expand, respiratory gymnastics are indicated. Children may be set to blowing soap bubbles; adults to playing wind instruments; or the James water system may be adopted.

If the lung resists all efforts to make it come down, and the sinus refuses to close, the cavity must be obliterated by bringing the chest wall in contact with the contracted lung. This is done by removing the ribs, intercostals, and parietal pleura and bringing the skin and superficial muscles down against the lung. Operations for the accomplishment of this purpose are known as **ESTLANDER OR SCHEDE OPERATIONS**.

They differ only in the extent of the resection. The Estlander operation is a multiple resection, as far back as the axillary line, of as many ribs as necessary to encompass the pus cavity. The Schede operation is more heroic, being a complete thoracoplasty, consisting of the resection of each rib from the costal margin to the angle behind, and including all the ribs from the ninth to the second. The incision begins over the second rib, to the inner side of the pectoralis minor, sweeps downward and backward along the line of junction of the ribs with their cartilages to the ninth interspace, and is continued in a similar curve upwards between the spine and

scapula as far as the second rib. All the soft tissues together with the scapula are turned back in this enormous flap; the ribs and parietal pleura removed, the intercostal vessels firmly ligated, and after thoroughly cleaning out the cavity, the incision is closed with interrupted sutures. The pressure of the dressing brings the flap in opposition with the inner wall of the cavity and the contracted lung. It is an operation attended with severe shock, such as a hip joint amputation, and it is not to be undertaken without due consideration for the condition of the patient.

It does not matter what the name of the operation may be, the object is to close the cavity, and the working principle is to remove bone to the limits of the suppuration.

Naturally a marked deformity remains after such a mutilating operation, but it is surprising how little interference even a typical Schede offers to the subsequent health and activity of the patient.

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Dr. Richman, Professor of Natural Philosophy at Peterburgh, was killed by a bolt of electricity while attempting Franklin's experiment of collecting electricity from the clouds in 1763.

SOME REMARKS ON HYSTERECTOMY, WITH SUMMARY REPORT OF ONE HUNDRED CASES.*

BY W. W. BECKETT, M.D., LOS ANGELES.

Hysterectomy is indicated on fibroids, in all edematous tumors when accompanied by watery discharge, in large tumors causing symptoms, in all fibroids except those suitable for myomectomy and small ones which cause no inconvenience and after the menopause, in malignant disease of the uterus, uterine rupture during labor, chronic endometritis with pus-tubes, in some cases of procidentia, in puerperal sepsis, and in certain other rare conditions. The vaginal route is preferred in all cases where the uterus is not large, and in malignant cases where the disease has not advanced beyond the cervix. Clamps are only to be used when it is necessary to keep as far away from the uterus as possible to avoid disease tissue.

After separating the bladder and rectum from the uterus, the tissues on either side of the cervix are ligated and cut away to a level with the internal os. A wedge-shaped section of the uterus, including the cervix and extending to the fundus, is then removed. This leaves but a small portion of the uterus on either side, and allows ample room to complete the operation. The operation is completed by bringing the stumps of the broad ligaments down into the vagina and closing the intervening space with interrupted catgut sutures. Catgut is used throughout the operation. Any bleeding points that remain are caught with hemostatic forceps, which are removed in about twenty-four hours.

When clamps are used, a sterile gauze packing is placed well above the end of the clamps, lightly filling the intervening space and the vagina. The clamps are removed in from 24 to 48 hours. The gauze is not disturbed until the fifth day, unless there are indications. It is all removed by the seventh day.

The advantages of the vaginal route are: A smaller opening of the peritoneal cavity, greater rapidity of operation, less shock, more rapid convalescence, avoidance of frequent dressing of the abdominal wound, less danger of infecting the peritoneal cavity and a lessened mortality.

Supra-vaginal hysterectomy should be done for large non-malignant tumors. The uterine and ovarian arteries are secured on both sides with catgut. The anterior and posterior flaps are united with catgut Lambert sutures, closing over the stump of the cervix, and leaving no raw surface exposed. The intervening dead space between the flaps is either drained for 24 hours with gauze covered with rubber tissue, or not drained at all. Total hysterectomy should be done in all malignant cases.

There is, as yet, no reliable indication for hysterectomy in acute puerperal infection. Prompt intra-uterine treatment, at the proper time, will cure almost every case. But in a few exceptional cases, in which these measures prove inadequate, hysterectomy should be performed. Cases most favorable for this treatment are those in which the infection is localized in the uterus and adnexa. Before operating it is well to determine the condition of the liver and kidneys. Many die of septic nephritis and purulent thrombosis. In case of pus-tubes, the uterus is always diseased, and should be removed.

The following is a summary of 100 patients operated upon by me. Of this number, 46 were for fibroid growths, 18 for malignant disease, 27 for chronic endometritis with diseased tubes, 8 for procidentia, 1 for imperforate os. The youngest patient was 16 years old, the oldest 71 years.

*Read at the thirty-fourth annual meeting of the State Society, Paso Robles, April 19-21, 1904.

Vaginal hysterectomy was performed 72 times; supra-pubic, 28 times.

Four patients died. One from pulmonary embolism, the third day after operation; one from malignant stricture of the bowel, seven days after operation; one from surgical shock, and one from exhaustion.

Of the malignant cases, six have recurred; the earliest, one month after operation; the latest, one year after operation.

In three cases there was alarming post-operative hemorrhage, one occurring six days after operation, one eight and one nine days. In one case clamps only were used; in one case, ligatures only, and in the other case both clamps and ligatures were used. In each case clamps were reapplied for 24 hours. All recovered without further interruption. Whenever possible, one ovary was left, and in some cases both.

In the case of the sixteen-year-old girl, with the imperforate os, the uterus was dilated to the size of a seven months' pregnancy and cavity filled with retained menstrual fluid. The right ovary was cystic, and about the size of a small orange. In the left side there was an ovarian cyst the size of a fetal head. The left Fallopian tube was 12 inches long, and distended with menstrual fluid.

In three cases dermoid tumors complicated the operation.

When hysterectomy was done for procidentia, anterior and posterior colporrhaphy was also performed.

One patient, after a supra-vaginal hysterectomy, had a slight irregular menstruation for nearly two years following the operation. In this case only one ovary was removed.

SELECTED.

DEPARTMENT OF TUBERCULOSIS.

CONDUCTED BY F. M. POTTENGER, PH. M., M.D.

1. *Tuberkulose Arbeiten aus dem Kaiserlichen Gesundheitsamte*, Heft I, 1904.

2. Interim Report of the Royal Commission appointed to inquire into the relations of human and bovine tuberculosis. *Tuberculosis*, Vol. III, No. 3, July, 1904, page 128.

1. Reported in *Berlin Klin Wochenschrift*, Oct. 31, 1904.

THE ABUSE OF CLIMATIC TREATMENT OF TUBERCULOSIS.

A timely editorial appears in the *Journal of the American Medical Association* of November 19th upon this subject:

Not many years ago tuberculosis was considered absolutely incurable. A few years later the profession learned to take a more hopeful view, and found that in certain localities those suffering from tuberculosis were able to find relief from their malady. This naturally

brought these localities into favor and gave them a great reputation among those who were suffering from this disease. Certain sections in the United States, especially the regions in the Rocky Mountains and the great Southwest have, because of their climate, become deservedly popular as resorts for those suffering from tuberculosis, and every year thousands of people are sent to these various places, and thousands come of their own accord.

There is no question about the value of the climatic treatment of tuberculosis, and patients who can have the advantage of a good climate, that is, one with a large amount of sunshine and moderately dry air, and one free from storms, has a great advantage over the one who must be treated in the change-

able, gloomy climates of the less favored sections. But fresh air, sunshine and freedom from storms are not sufficient to cure tuberculosis; there are many other features which must be considered. A patient must be able to maintain himself in these new countries; he must be free from worry and homesickness, and he must be able to secure for himself appropriate treatment, if he wishes to make the best of the advantages offered. I am a firm believer in the climatic treatment of tuberculosis, yet I believe that many patients are better off at home, with intelligent guidance and home care and surroundings than they can rightly be roaming about in a strange land, living in cheap boarding-houses even in the best climate offered. It must be remembered that there is no specific climate for tuberculosis; it can develop anywhere and does; it can be cured anywhere and is.

If a person suffering from this disease wishes to be restored to health, he must have, aside from fresh air and good food, competent guidance and treatment, no matter in what climate he is staying; and to have this requires some means.

There are hundreds of people who come to these resorts in a dying condition; many of them are taken from the trains as corpses, and many of them are shipped back within a few weeks after arrival. This is positively wrong, and it is a wrong that can be prevented only by the medical profession. Out of this great number, there are hundreds who come who have barely sufficient money to maintain them until they reach the supposed magic spot. To allow such patients to come is also positively wrong, for it does not pay for the sacrifices made; on the contrary, it adds extra burdens upon the one afflicted, for as soon as he finds that he cannot maintain himself he becomes discouraged and homesick and loses that opportunity of gain which he should have had as a result of his change. Not only is this an injustice to the patients, but it is an in-

justice to the community upon which these patients are thrown. Public and private charities in these favored communities are taxed to their utmost to care for these poor.

Since so much has been done in the study of tuberculosis, it is being learned that the treatment of this disease can be carried out in climates although not as favorable as ours, and it is to be hoped that every State will soon have public sanatoria where they will care for their deserving poor. While, perhaps, the same results that could be obtained in the more favorable climates cannot be attained at home, yet the results will be much better than those obtained by a change of climate, when the patient is left to shift for himself; in other words, intelligent guidance and treatment in a poor climate are better than running loose in the best climate in the world.

BOVINE AND HUMAN TUBERCULOSIS.—One of the questions which has been agitating the minds of the scientific world for the past three years is, whether or not bovine tubercle bacilli and human tubercle bacilli are the same, and whether they are both capable of producing tuberculosis when injected into either man or animal.

Koch's announcement at the London Congress came as a thunder storm from a clear sky. Previous to this time, very few men had ever expressed themselves as doubting the identity of these two strains of bacilli. Some observers, among whom were Theobald Smith and Dinwiddie of America, had pointed out prior to this time that there was a difference in the two forms. Since Koch's report a great many scientists have been conducting experiments to settle this question. Under the auspices of the German National Health office, some very important experiments have been carried out. In England, also, a commission was appointed, which has been working to solve the same problem. The work of the German Commission (1) has

been reported and practically substantiates Koch's statements, though it found that bacilli taken from human sources were able to produce the disease in cattle in a few instances, and that these bacilli showed cultural characteristics closely resembling those of the bovine variety; that is, they grew very slowly and very sparsely in culture fluid. This led the observers to think that perhaps in these few instances the bacilli taken from the human being might have been from bovine origin.

For these experiments, 41 cultures of tubercle bacilli were used, which were taken from 40 individuals suffering from tuberculosis. The bacilli were injected subcutaneously into 57 cattle producing negative results in all except six. In the positive cases, the cultures were taken from four different children; one $3\frac{1}{2}$ years of age, suffering from miliary tuberculosis, the bacilli coming from the mesenteric glands; another 5 years old, also suffering from miliary tuberculosis, the bacilli coming from the lungs; another $5\frac{1}{2}$ years old, suffering from bowel tuberculosis, the bacilli coming from the mesenteric glands, and another 6 years old, also suffering from bowel tuberculosis, the bacilli coming from the mesenteric glands. These four cultures which proved positive in the inoculation experiments resembled bovine bacilli in their growth upon culture fluid. Six inoculations were made intravenously. Among the cultures used were those from the above children of the ages $3\frac{1}{2}$, 5 and $5\frac{1}{2}$ years. By this method of inoculation these were the only ones that proved positive. These experiments were followed up by a sufficient number of controls in which bovine bacilli were used to show that the failure to produce tuberculosis was not due to errors of technique.

The commission expressed itself as believing that great majority of bacilli found in the tuberculous lesions in man are to be distinguished morphologically, culturally and in pathogenic relations

from those found in cattle, and that only exceptionally are bovine bacilli pathogenic for man, thus substantiating Koch's theory that bovine bacilli play a very insignificant role in spreading tuberculosis among the human race. They do believe, however, that it is possible, especially in children, for bovine bacilli to produce the disease in rare instances, and consequently would urge that care be taken to prevent contaminated milk from being sold.

While the German Commission's report substantiates Koch's claim, it is of interest to note that the Commission appointed in Great Britain have arrived at an opposite opinion and feel called upon to make an interim report, (2) feeling that they should hasten to give the results of their experiments public-ly.

Having experimented with more than twenty strains of tubercle bacilli of human origin, taken from more than twenty cases of tuberculous disease of human beings, including sputum from phthisical patients and the diseased parts of the lungs in pulmonary tuberculosis, mesenteric glands and primary abdominal tuberculosis, tuberculous bronchial and cervical glands and tuberculous joints, they found that the inoculation with seven of these strains was able to produce acute tuberculosis with a development of widespread disease in various organs of the body. In the case of the remaining strains, the bovine animal into which the tuberculous material was first introduced was affected to a less extent. The disease was either limited to the spot where the material was introduced or spread to a variable extent from the seat of inoculation along the lymphatic glands, with at most the appearance of a very small amount of tubercle bacilli in such organs as the lungs and spleen. A sufficient number of controls of bovine bacilli were made for comparison, and the Commission says that "we have so far failed to discover any character by which we could

distinguish the one from the other."

It seems very strange that two sets of scientific men, dealing with the same problem, supposedly with the same desire for truth, should arrive at such opposite opinions. Personally, the writer has leaned to the opinion of the German Commission, although an opinion is very difficult to form upon the data now at hand, and more time will have to be given to the study of the question before it can be definitely settled. This much, however, is settled, bovine bacilli and human bacilli differ in the shape of the organisms, in their growth upon culture fluid and in their pathogeny for various animals.

RENAL TUBERCULOSIS.—Doubtless tubercular affection of the kidneys is present more often than it is diagnosed. Men who have considerable experience in the treatment of pulmonary tuberculosis often note vague symptoms on the part of the kidney, which do not lead to a definite diagnosis, yet point to the organ as being affected. The post-mortem often reveals tubercular deposits in this organ. Many of these cases lose their symptoms while under treatment; some, however, progress until the disease becomes very evident. Caspar

(1) in a recent paper before the Verein fuer innere Medicin, dealt with the diagnosis and treatment of this disease. It is now generally accepted that the infection is carried to the kidney through the blood stream, and that it usually comes from some focus elsewhere in the body. This gives reason for hope that only one kidney may be affected. By catheterizing the ureter, this can be determined.

Centrifugalization of the urine shows bacilli present in 80 per cent. of cases of tubercular kidney. Upon palpation, the affected kidney is usually enlarged and painful; however, it must be remembered that a kidney which is the seat of compensatory hypertrophy may be enlarged also.

Caspar believes all operable cases should be operated, and says that in observing sixty cases of operable renal tuberculosis, upon whom hygienic dietetic measures alone were used, in only three was the disease arrested. When pus is formed, operation is only contraindicated by disease of the other kidney and diabetes, neither bladder, nor pulmonary tuberculosis, nor fever, nor arteriosclerosis should prevent the operation. Death will occur in quite a few of these cases through the other kidney failing to assume double duty.

DEPARTMENT OF PHYSICAL AND ELECTRO-THERAPEUTICS.

CONDUCTED BY ALBERT SOILAND, M. D.

INOPERABLE MALIGNANT TUMOR.—It is interesting as well as satisfactory to the radiologist to read Dr. Clarence Edward Skinner's article in October Archives of Electrology and Radiology. Here is the report of a case described by Dr. W. B. Coley in his *Twentieth Century Practice of Medicine*, vol. 21, p. 767, of a woman who had been operated upon for supposed fibroid, the uterus, tubes and ovaries being removed. Three years later a recurrent tumor (size of a cocoanut) had

developed in the abdominal cavity, and being inoperable had also resisted the serum treatment in Dr. Coley's laboratory. When this patient came to Dr. Skinner the abdomen presented the appearance of seven months' pregnancy. The tumor was growing rapidly, had been proved malignant by microscopical examination, and pronounced inoperable by two of the leading surgeons in the United States. Dr. Skinner now began to use the X-rays, and after a long series of exposures succeeded not only in

removing every vestige of the tumor, but also in restoring the woman to a useful and comfortable position among her fellow-mortals. The doctor's closing remarks are so poignant that I append them in full:

"Prominent among the conclusions deducible from this case are the following:

"First, Roentgen radiation sometimes brings about the entire disappearance of large, deeply located, malignant neoplasms, which have been proven to be hopelessly lethal in their tendencies under any other management, and simultaneously restores the patient to apparently perfect health.

"Second, the fact that it sometimes accomplishes this result, taken in connection with the size of the malignant mass in the case just cited, demonstrates that the lack of satisfactory influence which attends its employment in so many cases is not due to weakness inherent in the remedy itself or to mere thickness of the tissues intervening between the pathological focus and the source of rays, but to some at present undetermined factors which it remains for us to identify and which, it seems justifiable to hope, we may some time in the future eliminate.

"Third, there is probably a direct and intimate connection between systemic toxæmia and the disappearance of malignant growths under Roentgen radiation, as indicated by the uniform occurrence of sudden diminution in the size of the tumor immediately following each onset of toxæmic symptoms during the later course of this case.

"Fourth, the application of the Roentgen rays to a malignant growth belonging in the same class as the one I have just described, should be persisted in as long as the patient's condition will permit, even if no benefit is observable. It will be remembered that no material effect upon the tumor was demonstrable in this case until after the radiations had

been systematically and regularly carried out for six months.

"Two other points to which I desire to call your attention are that the rays employed were of a high degree of penetration, and that the tube producing them was excited by a static machine. The belief is prevalent that the rays from a given tube are identical whether the tube be excited by a coil or a static machine. I am not as yet sufficiently well supplied with observations bearing upon this point to feel justified in making any positive statements in reference thereto, but I wish to place myself upon record as believing that there is a vast difference between the therapeutical effect of the rays derived from a tube excited by a static machine and those derived from a coil-excited tube, and that the difference between the rays derived from these two sources will sometimes constitute the difference between success and failure in the management of deeply located malignant processes.

"I am aware that the question of recurrence in this case still remains to be eliminated, but for the solution of that problem the future history for several years only is adequate; but even if the growth recurs tomorrow, the present fact remains, that a woman whose condition was such that she was absolutely useless and hopelessly doomed to early death three years ago, has been for two full years restored to a condition of unimpaired usefulness in an arduous walk of life, to a condition of unimpaired comfort in living, and to a degree of apparent general good health as great as, and a body weight that is greater, than she has ever attained in her life before, and that all of these conditions have been obtained solely and entirely through the instrumentality of the Roentgen ray."

LUPUS VULGARIS.—In the London Lancet for October 22, Dr. Malcolm Morris gives his experience for the past twenty-five years in treating lupus vul-

garris. He enumerates all the agents which have been used to combat this disease, paying particular attention to the chemical caustics, the Galvano-cautery and the later radiotherapeutic measures. When he fails to obtain good results with the Finsen light or the Roentgen rays, gentle cautery by galvanism usually helps. He is of the opinion that the Finsen light acts more successfully on skin lesions and the Roentgen rays best on mucous surfaces. On the whole he says that the ultra-violet light and the X-rays, sometimes singly, sometimes combined, give the best cosmetic effects and the most permanent results in these stubborn skin affections.

INTERNAL ARTIFICIAL FLUORESCENCE.—Several observers have recently advanced the theory that if a dis-

eased part or the tissues could be rendered artificially fluorescent when exposed to the X-rays or Finsen light for treatment, that the curative action of these agents could be greatly enhanced. Several substances have been employed for this purpose, either by mouth administration or injected directly into the tissues, such as quinine, eosin and fluorescein solutions, great claims having been made by the various advocates of these methods. It is interesting to note, however, that after making 350 exposures at Finsen's Lysinstitut (Journal A. M. A., Nov. 5) by producing such artificial fluorescence or "sensibilization" of the diseased tissues, absolutely negative results were obtained. In other words, no beneficial action followed which was not accountable to the Finsen light alone.

613 Johnson Bldg.

DEPARTMENT OF SURGERY.

CONDUCTED BY ANDREW STEWART LOBINGIER, A. B., M. D., LOS ANGELES.

Harrington of Boston offers in "Some Studies in Asepsis," read before the American Surgical Association in June and published in the October *Annals*, a wholesale departure in the time-worn theories of asepsis; and if his experiments shall prove correct by multiplied verification, he has given us a most valuable contribution.

He believes fractional sterilization of sponges and dressings is carried to an unnecessary degree, since in substances treated by steam under pressure both the bacteria and their spores perish in one exposure.

The preparation of the hands of the operator and the skin of the patient receive extended discussion. Says Harrington: "The potassium permanganate oxalic acid portion of the process has always excited my wonder. Three explanations have been offered of the action of this treatment, namely: (1.) That the permanganate destroys bac-

teria. (2.) That it oxidizes the organic matter that is adherent to the skin. (3.) That when one stains the hands in every part with permanganate and then removes the stain with oxalic acid, the hands are clean.

As to the assertion that it destroys bacteria: I have experimented with saturated permanganate solution against staphylococcus aureus and albus, bacillus coli, and bacillus pyocyaneus and have found that ten minutes is ineffective against all but the last-mentioned. These results were obtained not once, but several times."

Harrington has shown that permanganate only superficially oxidizes the organic matter on the skin and very soon produces a dense plating of precipitated lower oxide as impervious as the albuminate of mercury to further action of the germicide.

"As to the statement that a hand once stained and decolorized is necessarily

clean, there is little to say. A dirty hand may be stained and decolorized as well as a clean one, but the dirt remains. Permanganate removes no dirt and destroys only weakly resisting bacteria."

Harrington asks: "After thorough brushing with hot soap suds, what agent can be relied upon to kill the bacteria that have not been removed? Not corrosive sublimate 1-1000, if we soak the hands a quarter of an hour; not creolin 1-20, if we soak them much longer; not lysol or solveol nor bacillol nor sulpho-naphthol; not peroxide of hydrogen; not seblamin; not mercuric cyanide; not formaldehyde in 5% solution, even though the skin could stand it. All of these agents I have tested under the most favorable conditions and all failed to kill within reasonable periods."

He sums up briefly that the germicides commonly used for cleansing and approximately sterilizing the skin are not only worthless but frequently irritating, and decidedly so in solution strong enough to kill the surface bacteria. (He might have devoted some time to the well-known and frequently demonstrated fact that no matter how thoroughly washed and sterilized the skin may be, millions of cocci are carried out to the surface by the sweat during the operation and no hand is safe ungloved, no matter how thoroughly sterilized at the beginning of the operation.)

Harrington found a solution containing—

Commercial alcohol (94%)	640 c.c.
Hydrochloric	60 c.c.
Water	300 c.c.
Corrosive sublimate.....	0.8 gramme

killed pus cocci in less than thirty seconds.

It is slightly irritating to the hands, and in the experience of the reviewer in a large number of cases, was found to produce a dermatitis, unless very carefully applied and the excess sponged off

with absolute alcohol and with sterile water.

In the same number of the *Annals*, Connell discusses the treatment of hematemesis by gastro-enterostomy. He defines two lines of operative treatment; one direct, the other indirect. Under direct he specifies: (1) Excision of the ulcer; (2) partial gastrotomy or pylor-ectomy; (3) ligation of the principal artery; (4) cauterization or curettage of the ulcer; (5) ligation of the mucous membrane; (6) ligation of all coats.

Under the indirect: (1) Gastro-enterostomy; (2) pyloroplasty; (3) gastrotomy. (Class A.) There are several reasons why the direct method is impracticable and frequently cannot be carried out. As, for instance, the difficulty in locating the ulcer, the source of the hsemorrhoids. In 20% of the cases the lesion is multiple. There may be firm vascular adhesions as to the pancreas and certain indistinct limitations of the pathologic tissues. In the choice of methods, it would seem to lie between ligating of all coats as recommended by Andrews, and a partial gastrectomy or excision of the ulcer, if the last two are practicable.

Because the high mortality rate of some and impracticability or the unreliability of the others of the direct methods, there has been a turning to the indirect methods, especially to gastro-enterostomy.

The healing of an ulcer after this operation is due, doubtless, to comparatively perfect drainage. The stomach is rapidly emptied and thereby given rest and quiet. The hyperchlorhydria is diminished, and as the opening is at the most dependent portion of the stomach, and to the left of the ulcer-bearing area, the ulcer is not irritated by prolonged contact with the stomach contents.

There can be no doubt that gastro-enterostomy, when properly performed, will do away with peristalsis, (to a large extent,) allow the organ to con-

tract and by this means favor the cessation of hemorrhage and a formation of a clot. But it is equally clear that when a large vessel has been opened, such an indirect method will not prove adequate, and more positive measures must be resorted to. It is fair to assume therefore that gastro-enterostomy for hemorrhage is chiefly indicated in the milder type of cases and only then after a thorough search for the bleeding point has been made.

The author quotes Moynihan as saying that "Surgical intervention is rarely needed in cases of hemorrhage from acute gastric or duodenal ulcer. When it is called for, gastro-enterostomy, speedily performed, is the surest means of arresting the hemorrhage. A search for the bleeding-point is futile, harmful and unnecessary. Search for and local treatment of the ulcer or ulcers is not necessary. A gastro-enterostomy will, without doubt, prevent recurrence of the hemorrhage and lead to a rapid healing from the ulcer from which the blood has come."

On the other hand Robson says: "If no ulcer be found anywhere and the bleeding proves to be capillary or from small undiscoverable ulcers, gastro-enterostomy should be performed. But if an ulcer be discovered, and it be possible to excise it, that operation should be done, as it undoubtedly offers the likeliest method of cure."

Robson cites a case, (Case V.) in point where the patient was almost exsanguinated, yet he was able to ligate the principal bleeding-point and do a posterior gastro-enterostomy.

The author cites the varying opinions of certain other writers in gastric surgery, as follows: "Moulin favors dealing directly with the ulcer. Buck also favors ligating the bleeding-point. Butlin would first do gastrotomy to find the bleeding-point, failing in which, he would do a gastro-enterostomy. Habershon fails to see how gastro-enterostomy could check the hematemesi-

when the ulcer was distant from the pylorus. Symonds considers gastro-enterostomy indicated when the ulcer is near the pylorus but of doubtful advantage when the lesion is elsewhere. Hyeam found that the subsequent histories of patients upon whom gastro-enterostomy had been done for simple ulcer, showed that there is very likely to be a return of symptoms with hematemesi, gastric crisis or perforation, these symptoms, in his opinion, being due to the formation of new ulcers or more rarely to carcinomatous changes in the old ulcer."

Connell concludes that gastro-enterostomy does not prevent the recurrence of the hemorrhage, citing in proof a case in his personal experience, and quoting further reports of cases from Savariaud, Roux, Porge, Rydygier, L. Franc, Kocher, Peterson, Korte, Morton, Cabot and Robson.

He believes gastro-enterostomy to be indicated in hematemesi, (1) after thorough search has failed to reveal the source of the hemorrhage; (2) where the source of the bleeding is discovered, but in such condition as to make such treatment impracticable and impossible.

Eastman and Keene contribute a very interesting study in the November *Annals* on the bacillus pyocyaneus, septicemia with blastomycetes growth in a primary wound. The bacillus pyocyaneus was discovered by Gessard in 1882. In 1889 Charrin published the result of his studies showing a definite symptom complex after injecting this bacillus into rabbits. Albuminuria, a low grade of fever, diarrhea, loss of weight, and a spastic paralysis of the hind quarters formed an essential symptom train of Charrin's "Maladie Pyocyanique."

In 1891 Schaefer published in Berlin the results of his experimentations of the bacillus pyocyaneus injected into a dog. These results were similar to those published two years before by Charrin. In Cadeac's work, the dogs injected died

with symptoms of paralysis, diarrhea, low grade of fever and profound cachexia. The bacillus pyocyaneus was found in the blood, lungs, spleen and intestinal tract.

To Gruber belongs the credit of having first proven conclusively the ability of bacillus pyocyaneus to produce definite lesions in man. He isolated the organism from a case of middle ear disease and reported his findings with such thoroughness as to remove all doubt as to the pathogenesis of this organism toward the human species. Martha confirmed Gruber's observations and showed the bacillus pyocyaneus to be a pyogenic organism, capable of developing in different parts of the body and producing very diverse symptoms. It is not found commonly in suppurating wounds. Jakowski found it only twice in two hundred cases. In eighteen hundred autopsies at Johns Hopkins the bacillus was found in eleven cases. Lartigau found it three times in one hundred autopsies.

The bacillus is known to occur in very widely diversified conditions and also to produce general septicemia. Cases have been reported by Oettinger, Jadkawitsch, Newmann, Schaefer, Karlinsky, Ledderbrose, Krannhals, Kossel, Kalmette, Williams, Lavender, Tribolet, Williams and Cameron, Pes and Gradenigo, Le Noir, Kruss and Pasquile, Lartigau, Perkins and Baker.

Many of these cases reported occurred in young children, accompanied by fever in varying degree, profound intoxication, some diarrhea and varying nervous phenomena. In the majority of the cases, the diagnosis was made post-mortem, but in several, notably Lenwahr Jadcawitch's and the authors', a correct diagnosis was made either by direct analysis by taking direct cultures from the lesion or from some of the secretions.

Jadcawich's case is cited in detail since it had many features in common with the one here reported. In both cases the bacillus pyocyaneus was found in the

blue pus which stained the dressing. In both were symptoms of paralysis, great weakness, emaciation and diarrhea and some slight elevation of temperature and more or less acceleration of the pulse rate. In both cases there were relapses and exceeding indolence in the repair of the ulcer.

Reference is made in the report of treatment to Bouchard's anti-pyocyanic serum which was produced four years before Behring brought out his diphtheric anti-toxin. Bouchard found this serum not only protective but curative. Owing to the rarity of this infection, the serum was not produced in commercial quantity and was therefore not available in the treatment of the case reported by the author. Inasmuch as the infection was mixed with blastomycetes, large doses of potassium iodid were used in the treatment, with good effect. Alteratives and tonics were combined with it and a local application of ten per cent. ichthyol and glycerine was made after thoroughly curetting away the sluffing mass from the arm. There were frequent relapses, but at last report the patient had gained greatly in strength and weight and the ulcer had practically healed.

Three members of the same family, mother, daughter and son, became infected in succession. In conclusion, the authors note: (1) That the bacillus pyocyaneus produced a general septicemia. There was every evidence of profound intoxication, with high pulse rate but the temperature usually subnormal; (2) the most marked feature was the excessive nervous involvement. It had previously been demonstrated that pyocyanin injected into guinea pigs produced marked and violent convulsions. Large doses were fatal, while smaller doses produced a nervous irritability; (3) the finding of blastomycetes in the local ulcer explained the failure of the wound to heal and made clear the diagnosis. It was an unusual, mixed infection and the authors do not find any re-

port of a similar instance in the literature; (4) it is the opinion that the wound would become infected with blastomycetes primarily and the bacillus pyocyaneus secondarily. Many cases of

wound infection have been observed due to the bacillus pyocyaneus; but the ability of the blastomycetes to infect clean wounds and delay union and destroy tissue is not generally recognized.

MISCELLANEOUS DEPARTMENT.

New Method to Determine the Quantity of Milk to Be Given to Artificially Fed Children.—Adam ("Jahrb. f. Kinderheilk," 1902, Vol. XVI., p. 29,) describes the method which he uses in the artificial feeding of new-born infants, and which he has found to be extremely valuable in nearly all cases in which artificial feeding was required. He uses in all cases whole milk, diluting it considerably during the first three months. The quantities which his experience has taught him to advise during these months, correspond closely with those prescribed by others, for breast-fed children. Sometimes they are even smaller. Between the seventh and thirteenth week he advises 800 cc. in 24 hours, and does not increase the quantity to more than one liter per day up to the end of the first year. Concerning the quality of milk mixture the condition of the child must remain the chief guide. The general rule which he followed was this: One-fifth of the daily volume of milk corresponding to the age of the child was multiplied by the weight of the child in kgrs., and this result corresponded to the amount of whole milk used. A child three weeks old and weighing 3 kgs. (6 1-2 lbs.) will usually get 500 cc. (1 pt.) of milk; of this 300 cc. (10 ozs.) is whole milk, the rest is dilution. In occasional cases, during the first few months of life, he considers warm cream mixtures in definite proportion (he gives tables for those proportions) preferable to the above-mentioned milk mixtures. — *The Medical Times*.

shepherd, who afterwards became a painter. He was the favorite scholar of Cimabue. He relieved the art from many imperfections, abandoned the use of labels to distinguish the figures of a picture, and aimed at, and attained, real expression. Employed at Rome by Pope Boniface VIII, while at that city he made a ship of mosaic, which is over the portico at the entrance of St. Peter's Church, and is still known by the name of "Giotto's vessel." In 1834 he undertook the famous tower of Santa del Fiore at Florence.

Yes, while on earth a thousand discords ring,

Man's senseless uproar mingling with his toil,

Still do they, quiet ministers, move on,
Their glories tasks in silence perfecting!

Still working, blaming still our vain turmoil,

Laborers that shall not fail, when man is gone.

—*Quiet Work*: Matthew Arnold.

Thus the slight wound, engraved on glass unhealed,

Runs in white lines along the lucid field;

Crack follows crack, to laws elastic just,

And the frail fabric shivers into dust.

—*Botanic Garden*: Dr. Darwin.

Anesthesia proper was discovered by Sir Spencer Wells. In 1846 Dr. W. T. G. Morton used it in dentistry to prevent pain.

Giotti, the great artist, was an Italian

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A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

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EDITORIAL.

SOUTHERN CALIFORNIA MEDICAL SOCIETY. THIRTY-FOURTH SEMI-ANNUAL SESSION.

This society held its sessions at Pomona, Cal., Wednesday and Thursday, December 7th and 8th. There was a good attendance and the discussions were particularly interesting. The following were the officers: F. D. Bullard, M.D., Los Angeles, president; Hoell Tyler, M.D., Redlands, first vice-president; George E. Abbott, M.D., Pasadena, second vice-president; Joseph M. King, M.D., Los Angeles, secretary and treasurer. Committee on arrangements: Frank Garcelon, M.D., chairman; F. W. Thomas, M.D., C. G. Toland, M.D.

The meeting was called to order by the president at the Palomares Hotel at 9:30 Wednesday morning. The following was the program:

"Practice," S. A. Ellis, M.D., Azusa, chairman: "Convulsions."

"Ophthalmology," B. F. Church, M.D., Los Angeles, chairman: "Ocular Anes-

thetics and Analgesics;" "Sarcoma of the Choroid with Specimen," A. C. Rogers, M.D., Los Angeles.

"Otology, Rhinology and Laryngology," Frank W. Miller, M.D., Los Angeles, chairman: "The Mucosa of the Upper Respiratory Tract—A Plea for More Rational Treatment;" "Laryngeal Tuberculosis," F. A. MacDonald, M.D., Redlands, Cal.; discussion opened by E. W. Fleming, M.D., Los Angeles.

2 p.m.—"Surgery," Granville MacGowan, M.D., Los Angeles, chairman: "Rupture of the Urethra;" discussion by William H. Wilmot, M.D., Highland; Thomas M. Blythe, Redlands; Adolph Tyroler, M.D., Los Angeles; "Extra-Uterine Pregnancy," H. H. Sherck, Pasadena.

"Obstetrics," J. H. Seymour, M.D., Los Angeles, chairman: "Pathology and Treatment of Puerperal Sepsis;" "The Axis Traction Forceps," F. O. Yost, M.D., Los Angeles.

7 p.m.—“Illustrated Lecture on Mouth Breathing—Some of Its Causes, Effects and Treatment,” Ray D. Robinson, D.D.S., Los Angeles.

8:30 p.m.—Banquet by the Pomona Branch of Los Angeles County Society to Southern California Medical Society and visiting friends.

THURSDAY, DECEMBER 8.

9:30 a.m.—“Nervous and Mental Diseases,” Ross Moore, M.D., Los Angeles, chairman: First—“Resumé of Year’s Progress in Neurology and Psychiatry.” Second—“A Study of the Unconscious Mind Under Stress of Physical Disease.”

“Pediatrics,” C. C. Browning, M.D., Highland, chairman: “Measles—Some Thoughts Regarding Prevention;” “Complications of Measles,” Hoell Tyler, M.D., Redlands.

“Materia Medica,” J. A. Colliver, M.D., Los Angeles, chairman: “The Cardio-vascular Effects of Adrenalin;” based on experiments in the physiological laboratory of the medical department of the University of Southern California. Discussion by Granville MacGowan, M.D., Los Angeles.

“Pathology,” Ernest B. Hoag, M.D., Pasadena: “The Relation of Pathology to the General Practice of Medicine.”

2 p.m.—“Skin and Genito-Urinary Diseases,” Charles D. Lockwood, M.D., Los Angeles. “Initial Lesion of Syphilis,” D. D. Thornton, M.D., Los Angeles.

We shall publish most of the papers in the Southern California Practitioner, and they are well worthy of careful study.

About one hundred sat down at the beautiful banquet table. The following is a copy of the menu card:

BANQUET

given in honor of

SOUTHERN CALIFORNIA
MEDICAL SOCIETY,

HOTEL PALOMARES, POMONA,

Wednesday, Dec. 7, 1904,

By the Pomona Valley Branch of the
Los Angeles County Medical
Society.

—

SENTIMENT:

*“Care to our coffin adds a nail, no doubt,
And every grin, so merry, drives one
out.”*

—Dr. Walcott, Ode xv.

MENU.

Consomme En Tasse

Sweet Pickles California Olives

Columbia River Salmon Maitre d’ Hotel

Pommes Hollandaise

Sweetbreads a la Pontell in Cases

New Green Peas

Celery Salad en Mayonnaise

Roast Young Turkey, Cranberry Sauce

Mashed Potatoes

Philadelphia Ice Cream

Fruit Assorted Cake

American Cheese Water Wafers

Cafe Noir

TOASTS.

Toastmaster, Walter Lindley, M.D.

“The Country Doctor as Seen by His
Urban Colleague,” George L. Cole, M.D.

“He that wrestles with us strengthens
our nerves, and sharpens our skill.”—
Burke.

“The Physician of the City from the
Rural Doctor’s Viewpoint,” Charles D.
Lockwood, M.D.

“God made the country, and man the
town.”—Cowper.

“The Doctor—What He Has Done

and What He Can Do in Politics,"
Granville MacGowan, M.D.

"The man of medicine can in worth with
many warriors vie,
Who knows the weapons to excise, and
soothing salves apply."

—The Odyssey

Vocal solo, Francis L. Pratt.

"The Specialist in Medicine—What
the General Practitioner Thinks of
Him," George E. Abbott, M.D.

"'Tis not amiss ere ye're gi'en o'er,
To try one desp'rate med'cine more
For when your case can be no worse,
The desp'rat'st is the wiser course."

—Butler.

"What the Specialist Owes to the
Family Physician, from His Own Stand-
point," Elbert Wing, M. D.

"Why then the world's mine oyster,
which my scalpel will open."

—Shakespeare Remodeled.

"The Medical Profession as Viewed
by an Outsider," George A. Gates, D.D.,
LL.D.

"O wad some power the giftie gie us
To see oursel's as others see us!"

—Burns.

"A Present View of the Physician of
the Future," Andrew Stewart Lobingier,
M.D.

"What shall I do to be forever known,
And make the age to come my own."

—Cowley.

Saxophone solo, Roy Davis.

The toastmaster in opening expressed
the great pleasure of all that they had
with them at the banquet table Dr.
David B. Van Slyck of Pasadena, who
graduated from the medical department
of the University of Buffalo in 1852, and
Dr. William B. Bullard of Los Angeles,
the father of Dr. F. D. Bullard, presi-
dent of the society, who graduated from

Bowdoin in 1859. The responses to the
toasts were all very happy and far above
the average for such occasions. The
medical profession were very glad to
welcome as one of the orators for the
evening, President George A. Gates of
the Pomona College. His address
dwelt particularly on the sacredness of
the relation of the physician to the
family.

The Committee on Arrangements were
untiring in the entertainment of the
visitors, taking them all over the beauti-
ful Pomona Valley in automobiles be-
tween the scientific sessions.

The Southern California Medical So-
ciety steadily grows in strength and in-
terest.

THE PAN-AMERICAN MEDICAL CONGRESS

We have never been quite so severely
tempted to drop our business at an inop-
portune time and leave it as we are just
now. As was heretofore announced, the
Pan-American Congress will be held in
Panama the first week in January. Dr.
Henry P. Newman, American Secretary
of the Section on Gynecology and Ab-
dominal Surgery is in the South with
his headquarters at the New St. Charles
Hotel, New Orleans. He says that ar-
rangements for getting to Panama from
New Orleans are ideal. Dr. Rudolph
Matas, 2255 St. Charles Avenue, New
Orleans, is American Secretary of the
Section on General Surgery. He says
that the steamer of the United Fruit
Company will sail from New Orleans,
Wednesday, December 28th, in time to
reach Colon Monday, January 2, 1905, in
time for the congress. The rate for the
round trip on this boat is now \$50, half
the regular rate. The Panama govern-

ment has appropriated \$25,000 to entertain the guests. Dr. Ramon Guiteras, the secretary of the International Executive Commission, at 75 West 55th street, New York City, predicts a large attendance. This will be a most instructive, interesting and restful trip, and while we try to not look with envy upon those who are more fortunate, yet we regret very much that we cannot be of the party. Following the Pan-American Medical Congress the International Public Health Association will meet in Havana, Cuba, where they are also making extensive preparations for the entertainment of the foreign visitors. These will certainly be historic gatherings, and so out of the beaten path that they will be intensely interesting.

THE TOMBSTONE HOSPITAL.

The Cochise county grand jury, in their report which led to the indictment and arrest of Dr. Johnson, the County Physician, says:

"In the investigation of the County Hospital we found that the food provided was insufficient and of poor quality. The bill of fare consists of heavy white bread, hard-boiled brown beans and occasionally a piece of tough, or otherwise poor, meat, with boiled potatoes occasionally, and a cut of unpalatable pie perhaps once a week, a few prunes once in awhile, and black coffee; a bowl of watery soup for dinner, and a bowl of oatmeal, sometimes containing worms, or cornmeal mush for breakfast. The bedding was found in a very filthy condition. Some of the beds have been allowed to go as much as eight or ten days without change; towels the same.

Some of the bedding had been used so long that washing was impossible, and burning is recommended. There are enough bedbugs in the place to carry off the institution.

"The steward, a half-breed Mexican, is considerable of a brutal savage in the treatment of the patients, and submits them to all kinds of abuse and bodily assaults. One patient, in a weak condition, was kicked in the back, and a patient who died in September was literally eaten up by maggots. Nothing was done about it until another patient called the steward's attention to it. The patient's name in this instance was Pancic. Another patient by the name of Blackburn, suffering with consumption, was allowed to starve to death."

It was added that still another patient was allowed to go for ten or twelve days without anything to eat. The man died as a result. It is recommended that Dr. Johnson be forthwith deposed from office. Dr. Johnson declares he will fight the charges most vigorously and claims that it is a case of political spite-work—"A whack over my shoulders at the Board of Supervisors." He denies the charges that insufficient and poor food was ever furnished inmates of the hospital, and declares that at all times he has been in close touch with the institution.

EDITORIAL NOTES.

Dr. David C. Bell has moved to Long Beach, Cal.

Dr. Mary Alton has located in Tucson, Arizona.

Dr. Frank H. Hadley, formerly of Whittier, has located in Los Angeles.

Dr. W. A. Woodward of San Diego has been visiting friends in Pasadena.

Dr. W. D. Radcliffe, of Belen, N. M., has been on a trip to the World's Fair.

Dr. C. L. Caven, of Bisbee, is one of the councilmen of that city.

Dr. F. W. Binford has located on North Pasadena avenue, Pasadena.

Dr. C. G. Stivers of Los Angeles has located in the New Hellman building.

Dr. O. W. Brandon of Naco, Arizona, has removed to Goldfield.

Dr. L. D. Hockett of Whittier has returned from a two months' post-graduate course in New York City.

Dr. J. C. Underwood of Sonora, Mexico, was recently called professionally to Nogales, Arizona.

Dr. G. D. Pratt of San Diego, a specialist on diseases of the ear, nose and throat, has removed to Santa Barbara.

Dr. B. M. Lawrence of Pomona is preparing a book full of arguments against cigarette smoking.

Dr. R. N. Looney of Arizona has been elected to the Territorial Council. He is now traveling in the East.

Dr. W. W. Hitchcock of Los Angeles recently took a hurried trip to Mexico, where he has extensive mining interests.

Dr. J. V. Larzalere, of Escondido, spent a few days in Los Angeles just after the election.

Dr. S. G. E. Rutherford, of Nogales, Ariz., has been spending a few weeks in Los Angeles.

Dr. R. F. Winchester was appointed acting City Health Officer of Santa Barbara, vice the late Dr. Casal.

Dr. J. S. Hunt, of Santa Monica, has been taking a two months' post-graduate course in the East.

Dr. Wm. L. Woodruff, late of Phoenix, Ariz., has located in Long Beach, Cal.

Dr. George W. Lasher, of Los Angeles, was recently called professionally to Hermosillo, Mexico.

Judge Blades, of Pomona, practiced medicine several years before he took up the study of law.

Dr. Rebecca Lee Dorsey, of Los Angeles, has been taking in the St. Louis Fair.

Dr. W. A. Cundy, of Pasadena, recently spent two months doing work in eastern hospitals.

Dr. Samuel Low has located for the practice of his profession in Santa Barbara.

Dr. Ida Parker, of Orange, Cal., recently took a three weeks' vacation in Los Angeles.

Dr. W. H. Wilmot, of San Bernardino, recently spent four months in eastern cities.

Dr. Alfred Fellows, of Los Angeles, was recently called professionally to Ontario.

Dr. Wm. Freeman, of Fullerton, recently spent a week in Fresno as the guest of his son.

Dr. George W. Forester, of Pomona, has recently been spending a few weeks in hospital work in eastern cities.

Dr. J. R. White, of Eureka, Cal., has been paying a visit to the southern section of the State.

Dr. W. B. Scudder, of Pelee Island, Ontario, Canada, has arrived in Redlands to spend the winter.

Dr. Charles F. Schrader of Tucson, Arizona, was recently called professionally to San Diego.

Dr. A. Gardner is president of the West Hollywood Improvement Association.

Dr. C. H. Schmidt, who has been practicing in Los Angeles, has removed to San Diego.

Dr. King, formerly of Denver, is the new surgeon on the Copper Queen staff at Bisbee.

Dr. O. C. Darling has been appointed health officer of Riverside to succeed Dr. J. G. Baird.

Dr. Frank K. Ainsworth of San Francisco, chief surgeon of the Southern Pacific Company, was greeted by many old-time friends in Los Angeles recently.

Dr. Roy Lucius Spencer of Rivera, Los Angeles county, Cal., was recently married in St. Paul, Minn., to Miss Gertrude Winthrop McKown.

Dr. L. Dysart, formerly of Bisbee, has become associated with Dr. Wm. Duffield, the well known Phoenix surgeon.

Dr. W. J. Galbraith, the copper company's chief surgeon of Cananea, Mex., has been taking a two weeks' rest in Los Angeles.

Dr. F. P. Blake, of Imperial, is having difficulty collecting his fees from the San Diego Board of Supervisors for attending a pauper.

Dr. C. A. Shepard of Riverside has taken charge of the Santa Fé Hospital at Needles for a few weeks, in the absence of Dr. W. F. Freeman.

Dr. West Hughes of Los Angeles has returned from a two months' eastern trip, during which he spent some time at the World's Fair.

Dr. W. R. Jameson has returned to his home at Torreon, Coahuilla, Mexico. The doctor has been doing post-graduate hospital work in New York City.

Dr. Owen Stafford of Santa Barbara county, has removed to Los Angeles, where he will take up the practice of his profession.

Dr. A. W. Price, of Covina, Cal., has been very ill at his home from a severe attack of pneumonia. At last accounts he was convalescing.

Dr. Shanks, formerly of Benecia, has located in Westminster and associated himself with Dr. F. E. Wilson of that town.

Dr. Wm. Elmendorf, of Imperial, San Diego County, received severe bruises and was rendered unconscious recently by a fall, but is slowly recovering.

Dr. Norman Bridge has returned home from delivering his annual course of lectures in the Rush Medical College.

Dr. S. B. Claypool, of Roosevelt, Ariz., is erecting a residence there, where his wife and daughter will soon join him.

Dr. Homer Parr, of Magdalena, Mex., still keeps his citizenship in the United States, and went up to Nogales, Ariz., on election day and voted.

Dr. Wm. Porter Mills, of Las Vegas, N. M., was married on November 10th to Miss Gertrude Bayless, of Columbia, Mo.

Dr. G. W. Harrison, of Albuquerque, president of the Territorial Medical Board, was recently called professionally to Santa Fe.

Dr. Howard D. Eaton, who was recently married, has returned to Chihuahua, Mex., where he formerly lived, and has located for professional work.

Dr. F. M. Pitts, formerly of Hubbard City, Tex., died October 2d at Highland, San Bernardino County, Cal. He left an estate valued at about \$10,000.

Dr. C. Yount of Prescott, Arizona, and Miss Criley, daughter of Dr. Criley, formerly post surgeon at Whipple Barracks, were married on Wednesday, December 14th.

Drs. W. W. Hitchcock, Dudley Fulton, J. H. Davisson and W. F. Skeel have removed their offices to the Douglas building, corner Third and Spring streets, Los Angeles.

Dr. D. D. Crowley, of Oakland, Surgeon-General of California, and a member of Governor Pardee's staff, was called to Los Angeles recently on official business.

Dr. A. R. Hickman, of Douglas, Ariz., was recently obliged to go to El Paso, Tex., to give testimony in the case of a patient who was hurt in a railroad wreck about two years ago.

Dr. D. B. Steen, of No. 1009 East Fifty-sixth street, Los Angeles, who has been dangerously ill for four weeks, has now fully recovered.

Dr. F. H. Waite of Williams, Arizona, was quite ill on election day, but he acted the part of a patriot, and got out of bed long enough to cast his vote.

Dr. George Abbott, the well-known Pasadena physician, has, with his mother and sister, moved into their new bungalow home on one of Pasadena's most beautiful streets.

At the meeting of the Foothill Medical Circle in Redlands on the 16th of November, Dr. J. E. Payton made an address of welcome and the response was by Dr. C. C. Browning.

Dr. John A. Colliver, of Los Angeles, recently had a fall from a street car which resulted in his losing his voice for several days, when it suddenly returned, and he is all right now.

A gentleman whose opinion we value highly writes us saying: "Allow us to compliment you on the discriminating manner in which the 'Book Review Department' of the Southern California Practitioner is conducted."

Dr. Attilis H. Giannini's engagement to Miss Leontine Denker of Los Angeles is announced. Dr. Giannini is one of the well known young physicians of San Francisco. The marriage will take place in January.

Offices for physicians and dentists can be rented at very reasonable rates at 315 West Sixth street, Los Angeles. This building has been used for doctors' offices for many years, and is a most desirable location.

Private letters received from Dr. Albert W. Moore, of the class of 1904, Medical College of the University of Southern California, informs us that he is profitably busy in the hospitals of Philadelphia. Dr. Moore will return to Los Angeles next June and enter upon the practice of his profession.

We are glad to see that Mrs. John H. Jones, a wealthy lady living at 258 East Adams street, Los Angeles, has just given \$5000 to endow a bed in perpetuity in the Barlow Sanatorium for indigent consumptives. Mrs. Jones did this in memory of her husband, John H. Jones, who died in this city about a year ago.

In the case of Dr. F. B. West, the advertising physician of San Diego, who was charged with involuntary manslaughter in an alleged operation which he was said to have performed upon Ysabel Carmelo, a young Mexican girl, the jury brought in a verdict of acquittal.

Dr. Arthur Louis Kelsey, formerly a practitioner in Ventura county, and who graduated from Jefferson Medical College in 1888, has just returned from two years' work in Vienna. While there he devoted his time entirely to the eye, ear, nose and throat, and has now located in the New Hellman Building, Los Angeles, for the practice of his specialties.

Dr. A. L. Beach, who has resided in Guadalupe, Mexico, for the past fifteen years, recently placed his son, Frank L. Beach, in the military academy at Chapultepec. The young man was first sent to the United States to perfect his knowledge of English, and he will now take an eight years' course in Mexico's West Point.

The Pasadena branch of the Los Angeles County Medical Society held its November meeting at the residence of Dr. Adelbert Fenyes. Steps were taken towards prosecuting illegal practitioners. A paper was read by Dr. F. M. Pottenger, after which Dr. and Mrs. Fenyes served their guests with delicious refreshments.

Mrs. Addie M. Hayes, of Santa Barbara, some months ago brought action against Dr. Warren Taylor for damages for alleged mal-practice. She had suffered severe injury of the spine by a fall from a horse. After starting in on the case she doubtless realized the fu-

tility of her efforts, and her attorneys had the action dismissed.

Dr. George Gordon Kyle, who graduated from the Starling College of Medicine of Columbus, Ohio, in 1880, died at Riverside, Cal., on November 28th. Death was the result of a fall from his wheel three weeks before. This fall caused internal injuries which proved fatal. Dr. Kyle had lived in Riverside about fifteen years.

Dr. Frank P. Foster, who has been editor of the New York Medical Journal for nearly twenty-five years, was born in Concord, N. H. He is a noted linguist, being master of the German, Latin, Greek and French languages, in addition to having a fair knowledge of Spanish and Italian, and being a writer of the purest type of English.

The Southern California Sanitarium for Nervous Diseases, located at Pasadena, will be open January 1, 1905. Dr. J. H. McBride is the medical director. The board of directors consists of the following physicians: Dr. Norman Bridge, president; Dr. H. G. Brainerd, vice-president; Drs. Walter Jarvis Barlow, M. B. Campbell and J. H. McBride.

The Southern California Practitioner is making no special clubbing offer this year, but if any person wants the Atlantic Monthly we will give the two for the subscription rate of the Atlantic; that is, for \$4 per annum. We sincerely believe that the Atlantic is far superior to any other \$4 monthly published, and we are simply recommending to others the one we prefer ourselves.

Dr. Edwin Janss, formerly a student in the Medical College of the University of Southern California, completed his course at the Northwestern University of Chicago, afterwards having an internship in the Wesley Hospital in that city. He is now visiting his parents in Los Angeles, and after taking a trip around the world will locate for the practice of his profession near Chicago.

Dr. J. W. McMasters of Monterey, Mexico, was recently called to Orizaba, Mexico, to attend Thomas Milan, president of the Vera Cruz and Pacific railroad. Dr. McMasters speaks most highly of the development of Monterey and says it will soon be one of the great American resorts. Two thousand laborers are now engaged on a new system of waterworks, and the electric-car system will soon be completed.

At the meeting of the Anti-Tuberculosis League at Pomona, December 6th, the following officers were elected; President, Dr. F. M. Pottenger; vice-president, Dr. John C. King; secretary, Dr. Rose Bullard; treasurer, W. C. Patterson. There were addresses by Mr. R. W. Poindexter, Dr. Norman Bridge and others. The meeting was well attended and the work of the league is of great value.

We have received a letter from a physician in one of the prettiest towns in Southern California, saying that he would sell his home for \$2000, including house and lots, and do what he could without extra remuneration to transfer his practice to the purchaser. Any person interested will be put in communication with this party by addressing XY, care of Southern California Practitioner, 1414 South Hope street, Los Angeles.

Dr. W. E. Hibbard, of Pasadena, was a belated passenger recently on a train from the East. During the doctor's absence he spent three weeks in Berlin and a week in Vienna; also some time in London and Paris. On his return trip he was delayed for several days by Santa Fe washouts; at one time fifteen hours without any food. He is delighted to again be safely at home, and his friends are extending congratulations.

The regular monthly meeting of the Riverside County Medical Association was held Saturday evening, October 10th, at the home of Dr. and Mrs. Sam-

uel Outwater, Hidalgo Place. There was a very satisfactory attendance. Dr. Hugh R. Martin presented a paper, and Dr. W. W. Roblee gave details of an interesting case. The pleasure of the evening was greatly enhanced by delicious refreshments delightfully served by Mrs. Outwater.

Dr. John D. Chaffee, who graduated from the Hahneman Medical College of San Francisco in 1887, and Dr. Frank D. Bishop, who graduated from the Cleveland Homeopathic Medical College in 1894, both of Long Beach, Cal., were recently sued for \$5000 damages. The plaintiff claims that on November 27th, 1902, he broke his arm in an accident, and that these doctors set it in such a manner that later he was forced to have pieces of the bone taken out and was made a cripple for life.

At the last meeting of the State Medical Society, which was held at Paso Robles, they decided to hold their next annual meeting in April, 1905, at Riverside. Now, it seems some of the San Francisco members have been trying to arrange to have the meeting at San Francisco, but Dr. A. S. Parker of Riverside attended the last meeting of the council and put the matter so forcefully that they have decided to stay with the first proposition and meet in Riverside. In our opinion, to have changed this would have been a very bad mistake.

Dr. Garrett Newkirk, dean of the Dental College of the University of Southern California, graduated from the Rush Medical College before he was twenty-one; practiced medicine in Illinois for several years, and then becoming interested in dentistry took up the practice of that profession in Chicago in 1883. After practicing there seventeen years he came to Pasadena, and has his office in Los Angeles. He is quite a writer, both of prose and poetry, contributing to *St. Nicholas* and *Harper's* and the *Cyclopedias*.

An Emergency League for emergency

needs was organized in Pasadena on October 6th. Dr. George E. Abbott and others addressed the meeting in regard to a lack of provision for the unfortunate sick in Pasadena. There was a second meeting the first Thursday of November. Mrs. Robert J. Burdette was elected president. By the way, we do not see how this philanthropic woman can attend to all of the good causes in which she is active. Mrs. Burdette is certainly a great force for good in Southern California.

Dr. Carey J. Gill, who has resided in Riverside since 1876, died from apoplexy while riding in his buggy on December 6th. Dr. Gill was born in Newark, N. J., sixty-eight years ago. Like so many other physicians, he taught school for several years, and was just beginning his medical course when the war broke out. He enlisted as first lieutenant, then was promoted to a captaincy, but resigned in 1863, and returned to his medical studies at Rush Medical College. He was highly esteemed by all who knew him.

The engagement is announced of Titian James Coffey, M.D., of Los Angeles, and Miss Lillian Dowling, daughter of Dr. George Thomas Dowling, rector of Christ Episcopal Church of Los Angeles. Miss Dowling is one of the most popular and worthy young ladies of Los Angeles, and Dr. Coffey is well known to the readers of the *Southern California Practitioner* as an able contributor. Dr. Coffey is the son of the late Dr. J. Coffey of Peoria, Ill., a graduate of the Medical College of the University of Southern California, and a prominent young practitioner.

The Los Angeles Pathological Society at its December meeting elected the following officers: President, Dr. J. H. Utley; secretary, Dr. J. Lee King; treasurer, Dr. W. W. Beckett. The Board of Censors of this society are appointed secretly by the president, and they make their reports individually, no

member of the board knowing who the other members are. The society has been established a little over a year and has forty members. There are no papers, but specimens are presented, followed by informal discussions. The evening is invariably closed with refreshments and a social hour.

Heinrich Geissler, the German physicist, was a glass-blower, and was known for the ingenuity of his physical apparatus and for his knowledge of physical science. He was the first to make vacuum tubes (1855.)

At the meeting of the Council of the Los Angeles County Medical Society held Friday evening, November 25th, 1904, Drs. W. H. Stearns, G. A. Scroggs, T. Percival Gerson, Henry Herbert, Roland F. Hastreiter, R. E. Chase and Walter S. Johnson were elected to membership.

Fairchild Bros. & Foster of New York are offering a "Fairchild Scholarship and Prizes" for students of pharmacy in Great Britain and Ireland in appreciation of the friendly relations which for many years have subsisted between them and pharmacists of the United Kingdom. It is proposed to award one scholarship to the value of £50 annually as the result of an examination conducted in London, England; Dublin, Ireland; Edinburgh, Scotland; Cardiff, Wales. In addition to the annual scholarship it is proposed to award as consolation prizes £5 to each of the best candidates entering in England, Ireland and Wales, but the person to whom the £50 scholarship is awarded will not receive this £5 prize.

On Wednesday, November 23d, at 12 o'clock, Dr. Wm. LeMoyne Wills, of Los Angeles, and Miss Susan Patton, of San Francisco, were married at Grace Church in that city. Dr. Wills is one of the most prominent citizens of Los Angeles, a graduate of the University of Pennsylvania, for twenty years a pro-

fessor in the Medical College of the University of Southern California, member of the Board of Education of the city of Los Angeles, and prominent in all matters for the public weal. He has many warm friends from Boston where he was a student in Harvard, to the Golden Gate. The bride belongs to one of the most noted Virginia families who have located on the Pacific Coast. She is personally very popular, and this newly wedded couple will have the good wishes of many, many warm friends.

On December 3rd the grand jury sitting at Tombstone, Cochise county, Arizona, arraigned Dr. M. D. Johnson, the county physician, on a charge of having furnished poor food, filthy bedding and inferior medicines to the sick poor in the county hospital. Acting under a bench warrant issued by Judge Doan, Marshal Snodgrass of Bisbee placed Dr. Johnson under arrest on the charge of murder. He was released on a bond of \$5,000.

While this is taking place in Arizona, it is very pleasant to know that the grand jury in Los Angeles county, after thoroughly investigating the county hospital under Dr. D. C. Barber, report that the institution is well managed and that all charges of neglect or cruelty are absolutely baseless.

The Worcester (Mass.) Telegram, in its issue of October 30th, publishes an interesting interview with Mrs. Florence M. Upham, who has been visiting the Pacific Coast. Mrs. Upham says business is good throughout California; money is plenty and wages as a rule are high, but the cost of living is correspondingly high, and rates of board are nearly double those in the East. In regard to board, we think the writer must be mistaken. The editor of the Southern California Practitioner comes in contact with a large proportion of the medical students of the Medical College of the University of Southern California,

and he finds that many of them get board and room in nice families at \$4.50 per week. If they can get these accommodations east for \$2.25 we will acknowledge that Mrs. Upham is correct.

At the November meeting of the Santa Barbara County Medical Society the following resolutions were adopted:

"Resolved, That the Santa Barbara County Medical Society desires to express its deep sorrow at the death of Dr. Francis M. Casal, one of the oldest members of the society, who endeared himself to its members and to the community by the constant fidelity, integrity, generosity and kindness which characterized his life as a citizen, physician and public officer.

"Resolved, That the Santa Barbara County Medical Society extends to the members of Dr. Casal's household its deep sympathy in their bereavement, and that a copy of these resolutions be presented to the family and the public press. W. B. CUNNANE, M.D.,

"Secretary."

PURINEMIA — A clinical study by Reynold W. Wilcox, M.D., L.L.D., is a reprint from American Medicine of a paper read before the Harvard Medical Society. The author in the course of the paper says that the glutens (vegetable albumins) are assimilated with more difficulty than animal albumins, and the excess of carbohydrates leads to intestinal fermentation and putrefaction. Animal food in moderation is advisable; pickles, salted and fried meats are tabooed; fish is excellent. Even lobsters and oysters are permissible if in good condition. All vegetables and raw fruit, if apart from meals, are allowed. Tea, coffee and cocoa in moderation are permitted. Alcohol in excess and inferior wines are harmful. Malt beverages should be supplanted by cider; quantity not to exceed a pint per day. As has been pointed out, the quantity of food is to be limited rather than the variety. All rich, highly seasoned, greasy and

twice cooked foods, strong soups, cooked tomatoes, rhubarb, sweet cooked foods are to be avoided. Plain cooked animal food, preferably by roasting or griddle, and limited to the quantity necessary for nutrition, is eminently satisfactory. In fact, excessive quantity of food, improper forms and amounts of alcohol, lack of exercise, are factors which lead to gout, which is earned rather than inherited.

The New Mexico Board of Health, through Dr. G. W. Harrison, its president, asked the opinion of Solicitor-General G. W. Pritchard in regard to the interpretation of the medical law. The first point was as to whether the board was authorized to examine applicants to practice medicine in New Mexico. After reviewing the matter, the Solicitor-General says: "Your board must be satisfied of two things as a condition upon which to issue a license. First, the applicant must be a reputable person, and, second, he must be a graduate of a medical college in good standing. The law does not contemplate any examination of the applicant beyond the fact that he must be a graduate of a medical college in good standing." The second point was whether the board was obliged to put on its list of colleges in good standing every college in the United States of America which complies with the different provisions of the medical law. The Solicitor-General says: "Your board cannot arbitrarily exclude a college in good standing from your list of colleges, although your board has the right to inquire into the fact as to whether the college applying has ample clinical facilities, and your board also has the right to satisfy itself as to this fact, as well as to other facts constituting a medical college in good standing."

Dr. James Newton McCandless, who, for thirty-six years, has been a practitioner of medicine in Prescott, Ariz., died in that city on the morning of No-

vember 25th. Dr. McCandless was born in Butler, Pa., sixty-seven years ago, and was a surgeon during the Civil War and a member of the Loyal Legion and G. A. R. The funeral took place from the Episcopal Church on the afternoon of November 24th. Among the pall bearers were Drs. C. E. Yount, J. B. McNally and J. W. Flinn.

At a special meeting of the Yavapai County Medical Society held in the city of Prescott, Ariz., November 26, 1904, the following resolutions relative to the decease of Dr. J. N. McCandless were adopted:

"Whereas, The Yavapai County Medical Society, the medical profession of the city of Prescott and the Territory of Arizona, have, by the death of James H. McCandless, M.D., lost one of the most prominent and honored members who has been identified with the profession of medicine for over forty years; and

Whereas, Dr. McCandless, having served his country in the capacity of a surgeon in the army of the United States during the trying days of the Civil War, and subsequently endured the hardships and dangers of the Indian campaigns in the western territories, especially in Arizona, where he has served the army and the people of the Territory since the year 1868, thus making him the physician longest in practice in the Territory. During his long residence in this community he has faithfully performed the arduous duties incident to his profession and gained the respect and confidence not only of his professional brethren, but the community at large; now, therefore, be it

"Resolved, That the Yavapai County Medical Society extends its sincere sympathy to the bereaved family; and be it further

"Resolved, That said society attend the funeral services as a body; and be it further

"Resolved, That a copy of these resolutions be sent to the family of the de-

ceased, the press of the city of Prescott, the Arizona Medical Association and the Journal of the American Medical Association. Signed,

"Warren E. Day, M.D., J. S. Barrett, M.D., Henry D. Thomason, Committee."

AD PROFUNDIS.*

(An Experience in Anesthesia.)

It all is growing stronger, clearer now,
And bit by bit my mind gropes
through the haze
Once more into the sunshine. I remember how
They wheeled me quickly, smoothly
through the maze
Of halls—the strange, familiar faces that
I passed—
The hall boy coming with his broom
and mop;
The surgery head nurse, and then at last
The elevator filled with nurses and
the stop—
The Interne standing at the door, who
made
Some smiling comment to the anes-
thetizer grave
And business-like, but I was not afraid;
I think excitement must have made me
brave—
The operating aprons and the caps, all
white;
My own dear Doctor's kindly voice
close by.
At last the quick, sweet death, the chok-
ing night—
They told me not to struggle, but to lie
Quiet, but I talked till sweetness be-
came pain,
And then I begged for air. The Doc-
tor raised
The chloroform and gave me some—
again
It was pressed down, but in my heart
I praised
His kindness. Finally wave on wave
swept round,

*Written by a young lady, the daughter of a Pacific Coast United States Senator, describing her sensations when being anesthetized recently at the California Hospital, Los Angeles.

Above and through me, tearing out my
soul,
Submerging me in ocean depths profound.
It seemed I left the table and began to
roll
Through space, In nothing absolute I
whirled
Fast, spinning out of time into the
great abyss,
Revolving in blank ether with the world.
And yet the mortal mind remembers
this.
My blood changed into myriad stars that
sang
Within my ears and danced before my
eyes;
Eternity enveloped me with one last
pang—
I wonder if one feels thus when one
dies?
Then came to me a voice where none
could be—
A silent sound which now I have for-
got—
Its haunting sweetness only floats to
me
Out of the seeming void where voice
was not:
"Fear not, but come with me," I think
it said;
"From this strange agony I bring re-
lease;"
And though the glories and the voice
have fled,
Within the blackness there was love
and peace.

DR. DIAZ EXPLAINS.

SANTA FE, N. M., Nov. 23, 1904.

To the Editor of the New Mexican:

SIR.—Please state that the case for which I was fined was not exactly diphtheria. It might have been had the anti-toxine not been administered promptly as a preventive. When the case occurred I looked for the marshal several times around town—he has no office—and as frequently happens, he

could not be found. A day or so later when I saw him it was not then necessary to placard the house. I mention this just to show that there was no neglect or carelessness on my part.

I have reasons to believe that this is a matter of spite work for my refusing to contribute to a certain fund.

Very truly yours,

J. M. DIAZ.

Sears Cook Walker was born in America in 1805 and died in 1853. He was an American mathematician. He built in 1837 the first observatory of importance in the United States. On February 2, 1847, four months after the discovery of Neptune, he identified it with a star observed by Leland, in May, 1795. With Prof. Alexander D. Bach he determined differences of longitude by telegraph (1849), and he introduced the chronograph for recording observations. His parallax tables (1834) simplified the computations of the phases of an occultation. He published "Periodical Meteors of August and November" (1841); "Researches Relative to the Planet Neptune" (1850); and "Ephemeris of the Planet Neptune for 1848-'52" (1852).

The popular idea is that inventors spend their lives in poverty and misfortune. In too many cases this is true, but not in all. The popular toy known as "Dancing Jimcrow" yielded its patentee a yearly income of \$75,000. From the sale of another toy, "John Gilpin," the inventor, got \$100,000 a year. The man who first thought of putting a rubber tip on lead pencils was rewarded by an income of \$100,000 a year. The ordinary umbrella benefitted six persons by as much as \$10,000,000.

In 1822 Goodwin, 1832 Mitchell, 1833 Jackson, 1834 Wood and Bache showed that sulphuric ether would produce insensibility.

BOOK REVIEWS.

We have received from the author, H. D. Niles, M.D., Salt Lake, Utah, the following reprints: "The Diagnosis of Surgical Pathology in the Upper Half of the Abdomen" and "Westward the Star of Empire Wends Its Way." (Presidential address.)

"The Modern Tuberculosis Dispensary" and "How May the Public School Be Helpful in the Prevention of Tuberculosis" are the titles of two reprints received from the author, S. A. Knopf, M.D., of New York City.

VISITING AND POCKET REFERENCE BOOK FOR 1905. The following is a comprehensive contents: Table of Signs and How to Keep Visiting Accounts, Obstetrical Memoranda, Clinical Emergencies, Poisons and Antidotes, Dose Table, Blank Leaves for Weekly Visiting List, Memorandum, Nurses' Addresses, Clinical, Obstetrical, Birth, Death and Vaccination Records, Bills Rendered, Cash Received, Articles Loaned, Money Loaned, Miscellaneous, Calendar 1905, 126 pages; lapel binding, red edges. This very complete Call Book will be furnished by the Dios Chemical Co. of St. Louis, Mo., on receipt of 10 cents for postage.

THE MEDICAL NEWS VISITING LIST FOR 1905. Pocket-sized, wallet-shaped book, containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. Being in its nineteenth year of issue, the Medical News Visiting List embodies the results of long experience and study devoted to the development and perfection. It is issued in four styles to meet the requirements of every practitioner: Weekly, (dated, for 30 patients;) monthly, (undated, for 120 patients, per month;) perpetual, (undated, for 30 patients, weekly per year;) 60 patients, (undated, for 60 patients, weekly per year.) The weekly, monthly and 30-patient perpetual contain 32 pages of data and 160 pages of classified blanks. The 60-patient perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound

in flexible leather, with flap and pocket, pencil and rubber, and calendar for two years, \$1.25. Thumb-letter index, 25 cents extra. By mail, postpaid, to any address. Lea Brothers & Co., Publishers, Philadelphia and New York.

THE PHYSICIANS' VISITING LIST (Lindsay and Blakiston's) for 1905. Philadelphia: P. Blakiston's Son & Company, 1012 Walnut Street. Sold by all booksellers and druggists. Price, \$1.00.

The Lindsay and Blakiston Visiting List, now in the fifty-fourth year of its publication, contains the essentials which most physicians need and is a time-saving device that has met approval for over half a century. It is bound in handsome half morocco, is equipped with rubber-tipped pencil, is of convenient shape and size, is made of strong thin gilt-edged paper and contains useful memoranda for office or bedside reference.

"The Doctor's Duty to the State," John B. Roberts, A.M., M.D., Philadelphia, is a stirring appeal to the patriotism of the honest doctor, who, the author says, is the best representative of the honest citizen.

"The Aseptic Technic of Abdominal Surgery with the Topographical and Visceral Anatomy of Male and Female Abdomen," is the title of a print by H. O. Walker, M.D., of Detroit, Mich.

"Primitive Medicine," by E. J. Kempf, M.D., of Jasper, Ind., is a very interesting reprint.

"The Modern Tuberculosis Dispensary," and "How May the Public School be Helpful in the Prevention of Tuberculosis?" are two valuable reprints by Dr. S. A. Knopf of New York city.

VON BERGMANN'S SURGERY. A SYSTEM OF PRACTICAL SURGERY. Drs. E. von Bergmann of Berlin, P. von

Bruns of Tubingen, and J. von Mikulicz of Breslau. Edited by William T. Bull, M.D., Professor of Surgery in the College of Physicians and Surgeons (Columbia University,) New York. Complete work now ready, in five imperial octavo volumes, containing 4220 pages, 1976 engravings and 110 full-page plates in colors and monochrome. Sold by subscription only. Per volume, cloth, \$6.00; leather, \$7.00; half morocco, \$8.50 net. Volume V just ready; 789 pages, 354 engravings, 23 plates. Lea Brothers & Co., Publishers, Philadelphia and New York. Volume V completes this valuable work, and contains chapters on Malformations, Injuries and Diseases of the Pelvis, the Anus, the Rectum, the Urethra, the Penis, Abnormalities, Injuries and Diseases of the Kidneys and Ureter, the Bladder and Prostate, the Scrotum, Testicles, Vas Deferens and Seminal Vesicle, ec.

All of the subjects are suitably illustrated. We were especially interested in the description of injuries of the ureter and repairing the ureter. In describing the various methods of physical examination of the bladder, the author says: "The best examination of the bladder is obtained when it is opened suprapubically. If the hips of the patient are elevated, every portion of the lining of the bladder can be inspected and palpated through such an incision. The illustrations and text about the operation for exstrophy will be eagerly read by all who saw the paper by Dr. Clark in the November number of the Southern California Practitioner. We cannot conceive a fuller or more satisfactory statement of the surgery of the kidneys and diseases of the kidneys than is to be found in this volume. To essay a review of such a work in a reasonable space would be futile. Authors, translators, American editors and publishers have all been thoroughly co-ordinated in the making of this ideal treatise.

Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 284 pages, 19 illustrations. Per annum, in four cloth-bound volumes, \$9.00; in paper binding, \$6.00, carriage paid to any address. Lea Brothers & Co., Publishers, Philadelphia and New York.

The September number of *Progressive Medicine* treats of diseases of the thorax, dermatology and syphilis, diseases of the nervous system and obstetrics. Tuberculosis, which has received much attention during the year, has received due notice, and the volume is a good index of the advance in this field. Actinotherapy and radium are carefully considered, in their bearing upon diseases of the skin, and the use of suprarenal extract is praised for its work in this field, being especially useful in urticaria and pruritis. In diseases of nervous system and obstetrics the advances are also carefully chronicled.

This volume is fully up to the standard and fulfills the purpose for which it was intended in an admirable manner.

MANUAL OF SERUM DIAGNOSIS. BY Dr. O. Rostoski, University of Wurzburg. Authorized translation by Dr. Charles Bolduan. First edition, first thousand. John Wiley & Sons, New York. Chapman & Hall, Limited, London. 1904.

Once more the profession of America must thank Messrs. John Wiley & Sons for putting before them another manual, which together with Prof. Masserman's "Immune Sera" and Behring's "Suppression of Tuberculosis," gives some of the most important work that has been done in this enticing field of immunity study. The Widal test for typhoid is fully treated, and here can be learned why it fails and why sometimes reaction occurs when the disease is not present. For the general practitioner it will give a comprehensive idea of this reaction with very little reading, for it has been boiled down and made plain.

PROGRESSIVE MEDICINE, VOL. III, September, 1904. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical

The agglutinating test in tuberculosis is fully explained. An opinion as to its value, however, is withheld. Agglutination has not only been used as a diagnostic method, but has also been used to identify the germ which produces the

disease. While as yet this field is scarcely entered upon, yet the signal success in typhoid makes it possible that greater results may follow a better understanding of the work. The book deserves a hearty reception.

THERAPEUTICAL HINTS.

Dr. E. E. Rowell in speaking of chlorosis, says the chief cause of this condition is that women will not or cannot learn how to live rationally. They do not take sufficient or proper exercise, they will partake of all kinds of indigestible foods and at all hours, and, last but not least, they will follow the most ridiculous dictates of fashion. After chlorosis has once become established in a patient the constituents of the blood cannot be restored to their normal condition except through the processes of nutrition, assimilation and elimination. Dr. Rowell's experience clinically shows Bovinine, which is a perfected food tonic and stimulant, to cover the entire field.

Dr. John Griggs, in speaking of anaemia, says: "In this connection there is a deficiency of iron in the blood. Iron preparations must be supplemented by such remedies or by such a remedy as has the ability to awaken the depressed nutritive and cell proliferating process." To stimulate, tone up and supply perfect nutrition in all anaemic conditions, Dr. Griggs has found Bovinine to meet every indication par excellence.

Dr. T. J. Biggs, in speaking of infantile anaemia, says disease of childhood shows more pronounced changes in the blood than does disease of the same class in the adult. The great aim is to find something that will be a tonic, stimulant and complete food all combined. The combination of the three making the essential whole Dr. Biggs

has found in Bovinine, and its employment in most cases has proven a most valuable diathetic and therapeutic agent.

Sunbrights California Food, which is manufactured in Los Angeles, is gaining a wide sale and is now being dispensed in over two hundred cities and towns in the United States. It is a product of great merit, being a superior infant food. It is having a particularly large sale in Chicago.

Dr. J. Knowles, of Logan, Iowa, says that he had an ugly case of facial erysipelas in a woman of about 38 years, and after failing with the ordinary remedies he thought if Acetozone was the germ destroyer it was represented to be, it should be used in erysipelas. So he made a solution of fifteen grains to two pints of water and used it freely over the inflamed area. He obtained results at once, and in twenty-four hours the disease had abated.

NEW ORLEANS POLYCLINIC.—Eighteenth annual session opens November 7th, 1904, and closes May 20th, 1905. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory and cadaveric work. For further information address New Orleans Polyclinic, Postoffice box 797, New Orleans, La.

The Lambert Chemical Company are introducing to the medical profession

of America, Listerine Dermatic Soap, an exceptionally meritorious article which will, we believe, be extensively prescribed by physicians for use in the treatment of diseases of the skin as the antiseptic and detergent properties of Listerine "Dermatic" Soap prove beneficial in the treatment of the various cutaneous inflammations and eruptions, in combatting all vegetable and animal parasitic diseases, in diseases of the sudoriparous and sebaceous glands and hair follicles, as well as for the relief of excessive and offensive perspiration.

SANMETTO IN ATONIC CONDITIONS OF THE GENITO-URINARY ORGANS RESULTING FROM CHRONIC URETHRITIS.—I have used Sanmetto quite extensively as a genito-urinary tonic in chronic atonic conditions of the genito-urinary organs resulting from chronic specific urethritis, and have met with most excellent results. Will F. Schultz, M.D., Covington, Ky.

Hagee's Cordial of Cod Liver Oil Compound is one of the most popular cod liver oil preparations on the market. All the nutritive properties of the oil are retained, and the disgusting and nauseating elements are eliminated. Combined with hyphosphites of lime and soda it offers to the profession a reconstructive of great value.—*St. Louis Medical Review*.

A CORRECTOR OF IODISM.—Dr. W. H. Morse reports (Southern Clinic for May) success in the use of bromidia, which he says has proved corrigental of iodia. Discussing his results, he says: Vomiting is so frequent and troublesome a symptom in many diseases besides irritation and inflammation of the stomach, as to demand much practical attention from the physician. So, although the causes are so various, and although we are actually treating a symptom for this symptom, bromidia

is remarkably effectual. We have all employed the remedy for colic and hysteria, two disorders where nausea and vomiting are as pronounced as they are persistent, and almost the first evidence of relief is shown by the disappearance of these disagreeable symptoms. It is quite as efficacious for the nausea and vomiting from ulcer or cancer of the stomach. There is nothing that will more quickly check the vomiting, and the hypnotic effect is quite in order.

A prominent physician in lecturing recently on a case of senile pneumonia at the Philadelphia Hospital, said:

"Hot flaxseed poultices, well made so as to retain their heat for four hours, were kept about the thorax during the day, and at night were replaced by a lamb's-wool jacket, for the better part of a week. It is important when poultices are used that they should be well made and should retain their heat for four hours, in order that the patient shall not be continually disturbed to change them. Fever patients need rest, not only sleep at night, but rest during the day. It is rarely wise to wake the patient, either for food, for medicine, for bath, or for any other application. Save in exceptional instances, sleep will do more to favor recovery than the agent for whose sake it is interrupted."

The time was when the above statements would have received the hearty endorsement of all thoughtful medical men. But this is not the ox-cart, candle or horse-car age. We are living in the twentieth century. The old things must be laid aside. They are valuable only as antiques.

We have the cleanly and convenient electric light instead of the greasy candle. Why not Antiphlogistine, made of cleanly aseptic materials and capable of maintaining a uniform degree of temperature for twelve to twenty-four hours or more, instead of the bacteria-breeding, soggy, clammy linseed and other poultices?

Most up-to-date doctors say, "Yes, we know all about Antiphlogistine and use it regularly as routine treatment in all cases where inflammation is present and a local remedial agent is indicated."

Picture an individual with temperature 104 to 105 degrees, pulse 120-140, resp. 40-70. If any one craves and absolutely needs rest and sleep it is such a patient. A linseed poultice affords a very poor means for the continuous application of moist heat, nothing more. It cannot be sufficiently well made to retain a temperature of value for more than a half hour. Antiphlogistine need not be changed oftener than once in twelve to twenty-four hours, during which time a comparatively uniform temperature is maintained. Refreshing sleep is invited, and not hindered. It stimulates the cutaneous reflexes, causing a contraction of the deep-seated and coincidentally a dilation of the superficial blood vessels. At the same time it attracts or draws the blood to the surface, flushes the superficial capillaries, bleeds but saves the blood.

The circulation is thus favorably affected. The aggravating symptoms are almost immediately ameliorated. Congestion and pain are relieved, the temperature declines, blood pressure on the overworked heart is reduced, the muscular and nervous systems are relaxed and refreshing sleep is invited.

PASSIFLORA'S PROVINCE. — In chorea, neurosis and the various nervous diseases of women and children, a calmate is required that combines the properties of a tonic and tissue-builder. Daniel's Conct. Tinct. *Passiflora Incarnata* meets these requirements and gives results that are satisfying to both physician and patient. For sufferers from rheumatism and insomnia, two or three teaspoonfuls control the nerves and induce restful sleep. In the case of a young woman in a chronic state of metritis, *Passiflora* gave results that no other remedy had accomplished. Dur-

ing the menstrual period, pregnancy, menopause and childbirth, *Passiflora* should be administered to check or remove irregularities. For all extreme nervous cases, arising from functional disorders in females, and nervousness produced by over-work or dissipation in both sexes, Daniel's *Passiflora* allays tension and restores a normal condition.

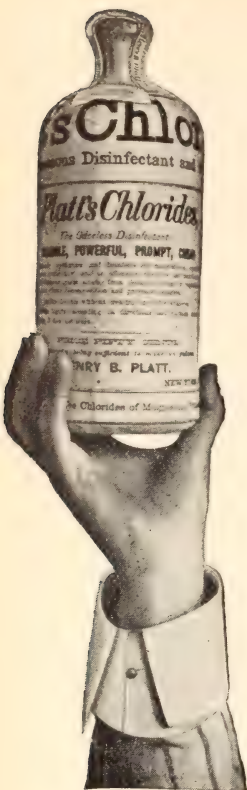
One of the great Army of the Forgotten was Alhazen, whose date of birth is unknown. He died about 1038 A. D. He was an Arabian philosopher and mathematician. He was the first to correct the Platonic theory that rays of light are emitted by the eye. He discovered atmospheric refraction, and that we see the moon after it has set. He was aware that the atmosphere decreased in density with the height, and actually fixed its height at 58½ miles. He showed that weights differed in a rare and a dense atmosphere. He understood center of gravity, and applied it to balances and steelyards. He recognized gravity as a force, though he made it diminish as the distance, and made it purely terrestrial. He had laws of falling bodies, and ideas of capillary attraction. He wrote "Optical The-saurus," published in Latin in 1572.

Time should not be allowed to pass without yielding fruits in the form of learning something worthy of being known; some good principle cultivated, or some good habit strengthened.

What a solemn and striking admonition to youth is that inscribed on the dial at All Souls, Oxford—"Periunt, et imputantur"—The hours perish and are laid to our charge. Time is the only little fragment of eternity that belongs to man; and like life, it can never be recalled.

Matter is a condensation of mind into visible shape as water is of visible gases.—R. L. Dawson.

Fall Fevers



are prevalent. For disinfecting the discharges, deodorizing and refreshing the sick-room, "Platt's Chlorides" is recommended by many Sanatarians of national renown, among whom are:—

DR. THOMAS DARLINGTON, President, New York Board of Health.

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DR. BENJAMIN LEE, Secretary, Pennsylvania State Board of Health.

DR. SAMUEL H. DURGIN, Health Physician, Boston, Mass.

PROF. WM. E. QUINE, Ex-President Illinois State Board of Health.

DR. HEMAN SPALDING, Chief Health Inspector, Chicago, Ill.

PROF. H. S. ORME, Ex-President California State Board of Health.

For disinfecting discharges dilute with 4 parts water.

For sprinkling floors, etc., " " 10 " "

For moistening cloths, etc., " " 10 " "

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REQUIREMENTS FOR ADMISSION.—The student must pass a matriculation examination unless he is a graduate of some University, College, High School, California State Normal School or Academy, or holds first grade teacher's certificate. Students who come from any recognized Medical College will be allowed the corresponding time on credentials, or passing examination, as the Faculty may decide.

THE COLLEGE OF DENTISTRY begins its Fifth Session October, 1904, with a full corps of Professors, Lecturers and Demonstrators. A new building, containing Dental, Microscopical, and Bacteriological Laboratories, will be completed by the opening of the term. Requirements for entering, same as for Medical Department.

For further particulars, address the Dean or Secretary.

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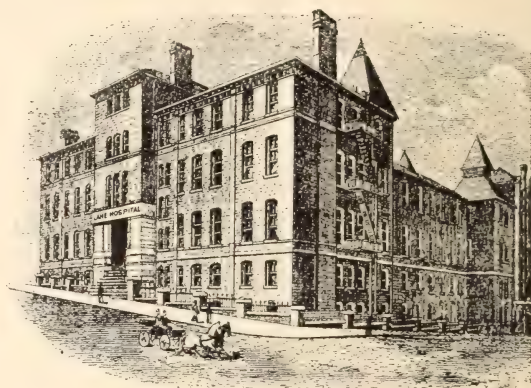
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 3. Evidence of graduation from a California State Normal School.
 4. Certificate from a principal of a High School, Academy or Preparatory School, showing that applicant has filled requirements to enter a University.
 5. Students may be admitted on twelve of the fifteen credits, as permitted by the Universities, provided they make up the deficiencies during the first year.
- No admission examinations are given by this College.

The course begins on the 15th of August of each year and ends in the last of April. Four courses are required. Laboratory work is carried on in six departments in the first two years and is the principal feature. Students should be present from the beginning of the course. They must attend at least 80 per cent. of the required exercises.

For announcements or further information, apply to the Secretary at the College.

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SECRETARY.

HENRY GIBBONS, Jr., M.D.,
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